

START OF RETAKE SECTION

THIS RETAKE SECTION CONTAINS MICRO-
PHOTOGRAPHS OF RECORDS WHICH WERE
OMITTED OR INADEQUATELY REPRODUCED
ON THE ORIGINAL MICROFILM REEL.

FOR A DESCRIPTION OF THE FILES AF-
FECTED BY THESE RETAKES, SEE THE OP-
ERATOR'S RETAKE REPORT AT THE END
OF THIS RETAKE SECTION.

STATE OF MARYLAND

RETURN OF A BIRTH. 53
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Child of Mother, (state and date)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).
3. Date of Birth.

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)-*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace*

Full Name of Father

Father's occupation.

10. *Father's Birthplace,*

Name of Medical Attendant

Address, _____, or other person who makes this Return,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 4 0 0 0 1 9 8 8

1. As soon as a child is born, the mother or her care during the month, and shall set forth as far as the name can be ascertained, the full name of each child, if any child have been conferred, its sex, color, the full name and residence of the mother, the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother shall become liable to be reported as such child to report on the birth of the child, and within the period above stated and within the period above stated shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 24/94

4. Place of Birth, (Street and Number)

#17 Second Street

5. Full Name of Mother,

Joseph Saidel

6. Mother's Maiden Name,

Fannie Brown

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Berjemen Saidel

9. Father's Occupation

Pastry Shop

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return,

Mrs. Lena Barber

Address,

#44 York Street

Remarks,

18940001989

RETURN OF A BIRTH ⁵⁵⁻²¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 27, 1894

4. Place of Birth, (Street and Number)

1108 N. Charles St.

5. Full Name of Mother,

Julia Sue Williams

6. Mother's Maiden Name,

Deft

7. Mother's Birthplace,

City

8. Full Name of Father,

W. S. G. Williams

9. Father's Occupation,

Lawyer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return,

Dr. E. Mosley

Address,

614 N. Howard St.

Remarks,

100-11. This schedule shall contain a list of the births which have occurred under license for each year during the month, and shall set forth as far as may be ascertained the name of the child, the sex, the date and place of birth, and the name of the mother, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. It shall be the duty of the practitioner to report the birth of each child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten (10) dollars for each offence, to be recovered in other times and forfeitures are recoverable.

RETURN OF A BIRTH. 55211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

11. It. male

2. Race or Color, (if not of the white race)

Colored.

3. Date of Birth.

March 27. 1894.

4. Place of Birth, (Street and Number)

Thomson Court 234

5. Full Name of Mother,

Jdo. Green.

6. Mother's Maiden Name.

Jola Murray.

7. Mother's Birthplace.

Whiter, 56.

8. Full Name of Father,

Edwin Green.

9. Father's Occupation

Cypher, Plumber.

10. Father's Birthplace.

In Baltimore

Name of Medical Attendant, or other person who makes this Return.

Oliver Rame

Address,

Remarks,

8940001991

RETURN OF A BIRTH. 58-212 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every physician, midwife, or other person who shall be required by the Commissioner of Health to attend upon a woman about to be delivered, or who shall be required to attend upon a woman who has been delivered, shall, at the time of the delivery, or immediately thereafter, fill out and sign a certificate of birth, and shall set forth as far as the same can be ascertained, the name of the child, if any shall have been conferred its sex, color, the full name of the mother, the date and place of birth; and the name of the father, if known, and every month to the office of the Commissioner of Health, in the form of a certificate between the first and second of the month following the month in which the birth occurred, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required of each child to report the birth of the child, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Ind.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 27, 1894*

4. Place of Birth, (Street and Number) *Edman Ave*

5. Full Name of Mother, *Mary Sondergeld Grauer*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Domestica Ind.*

8. Full Name of Father, *Geo Grauer Jr*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore County*

Name of Medical Attendant, or other person who makes this Return, *Wm. C. Cose Ind.*

Address, *Gardenville*

Remarks, *Balto Co Ind.*

6940001992

RETURN OF A BIRTH. 55213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 38
 1. Sex, (state whether male or female) Male - William Arthur Dalhoff
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March 28th 1894
 4. Place of Birth, (Street and Number) 1300 Beacon St
 5. Full Name of Mother, Lizzie Kerschmann Dalhoff
 6. Mother's Maiden Name, Lizzie Kerschmann
 7. Mother's Birthplace, Indiana
 8. Full Name of Father, Henry Dalhoff
 9. Father's Occupation, Minister of the Gospel.
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Robt D Wilson
 Address, 820 Park Ave
 Remarks, Full name added by mother - F. Wehm - Reg.
Elizabeth Dalhoff, mother
8940001993
June 11-1938

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55214

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

Male

Lawrence Edward Dodson

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 29. 1894.

4. Place of Birth (Street and Number)

704 S. Regester St.

5. Full Name of Mother

Matilda Dodson

6. Mother's Maiden Name

" Rush

7. Mother's Birthplace

city

8. Full Name of Father

Lawrence Dodson

9. Father's Occupation

car-maker

10. Father's Birthplace

city

Name of Medical Attendant, or other Person who makes this Return.

John H. Rehberger

Address

1709 Alice street

Remarks

Full name of child added by mother when applying for transcript: 1894/4/30
D 1949.4.19
Mrs Matilda Dodson mother

RETURN OF A BIRTH. 55215 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1009 W. Central Ave March 29th 1894

4. Place of Birth, (Street and Number) March 29th 1894

5. Full Name of Mother, Isabella Wernig

6. Mother's Maiden Name, Kuckle

7. Mother's Birthplace, York Co. Pa.

8. Full Name of Father, Frank Wernig

9. Father's Occupation, Carpenter

10. Father's Birthplace, York Co. Pa.

Name of Medical Attendant, or other person who makes this Return, E. B. Penby M. D.

Address, 1219 W. Caroline St.

Remarks, 18940001995

Every certificate shall contain a list of the births which have occurred under his or her care during the year, and shall set forth as far as full name and occupation as in the form of a certificate of birth, first and last names, sex, date and place of birth, and the date and place of delivery, duly signed by the physician or practitioner of medicine, or should no other person be present at the birth, by the Registrar of Vital Statistics, and every month to the office of the Registrar of Vital Statistics, and shall occur without the attendance upon the birth of the child, and shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...and, one said set form as far as the same can be ascertained the full name of each child, if it has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date when it was born, and the date when it was received in the office of the Commissioner of Health. In case the birth of any child shall occur within the four months preceding the date of the birth of any other person, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 29th 94

4. Place of Birth, (Street and Number)

1109 S. Paca St

5. Full Name of Mother,

Lizzie Herman

6. Mother's Maiden Name,

Lizzie Dufekal

7. Mother's Birthplace,

America

8. Full Name of Father,

Frederick W. Herman

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

William

Address,

64 Columbia av

Remarks,

18940001996

RETURN OF A BIRTH. 55218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex.* (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth.*4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9). *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks.

8 9 4 0 0 0 1 9 9 8

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)---

3. *Date of Birth,*4. *Place of Birth.* (Street and Number)-

March 30 94
406 Calorn Ave

5. Full Name of Mother,

J. Williamson
Drook

6. *Mother's Maiden Name,*

and

7. *Mother's Birthplace,---*

W. Williamson
Laborer

9. *Father's occupation:*

Mr

10. *Father's Birthplace.*

Mr
J. Robinson
706 E. Preston St

Name of Medical Attendant, or other person who makes this Return.

Address...

Remarks.

~~8940001999~~

This schedule shall contain a list of the births which have occurred under the act during the year, and shall be set forth as far as the same can be ascertained, the full name of each child, the date of birth, the sex, the race or color, the date and place of birth, the name of the mother, the name of the father, the name of the medical attendant, the name of the physician or practitioner of midwifery, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, and the name of the mother, immediately thereafter it shall become the duty of the person or other person be in charge of the birth, in the manner and within the period above required, and in any such person or persons who shall neglect to do so, shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar. 30 94.
4. Place of Birth, (Street and Number) 715 Eager St.
5. Full Name of Mother, Mary Rogers
6. Mother's Maiden Name, " Lynch
7. Mother's Birthplace, Mo
8. Full Name of Father, Jas. J. Rogers
9. Father's Occupation, Laborer
10. Father's Birthplace, Mo
- Name of Medical Attendant, or other person who makes this Return, J. H. Robinson M.D.
- Address, 716 E. Pausin St
- Remarks,

18940002000

RETURN OF A BIRTH. 55222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1st

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 31st 1894

4. Place of Birth, (Street and Number) 1613 N. Bond st.

5. Full Name of Mother, Annie V. Drury

6. Mother's Maiden Name, *Beard*

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Richard A. Drury

9. Father's Occupation, Clerk

9. Father's Occupation, _____
10. Father's Birthplace, Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, W. B. Fenby, M. D.

Name of Medical Attention, makes this Return,
Address, 1219 N. Caroline st.

Remarks,

8 4 0 0 0 2 0 0 2

[illegible]

RETURN OF A BIRTH

55223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *the sixth Child*

1. Sex, (state whether male or female) *male Child*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *March the 31*

4. Place of Birth, (Street and Number) *Sycamore Ave*

5. Full Name of Mother, *Ella Smith*

6. Mother's Maiden Name, *Ella Gainer*

7. Mother's Birthplace, *Born in Howard County*

8. Full Name of Father, *Basil Smyth*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Howard County*

Name of Medical Attendant, or other person who makes this Return *Mrs Harriet Simonson*

Address, _____

Remarks, _____

8940002003

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics on the third day of each month, or the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

When any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED. 12-28-55
RETURN OF A BIRTH, 55224

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Esther Morris Taylor
No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth March 31st 1894
4. Place of Birth, (Street and Number) 871 Harlem Avenue
5. Full Name of Mother Mary Radcliff Morris Taylor
6. Mother's Maiden Name Mary Radcliff Morris
7. Mother's Birthplace St. Louis, Mo.
8. Full Name of Father Charles Clinton Taylor (not living)
9. Father's Occupation Was a book keeper
10. Father's Birthplace Harford Co. Maryland
Name of Medical Attendant, or other Person who makes this Return. Amanda Taylor Morris, M.D.
Address 871 Harlem Avenue
Remarks

18940002004

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

S. *Full Name of Father,*

9. *Father's Occupation.*10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940002005

RETURN OF A BIRTH. 56326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 2 0 0 6

CERTIFICATE OF CAMERA OPERATOR

I HEREBY CERTIFY THAT THE DOCUMENTS REPRESENTED BY THE
MICROPHOTOGRAPHS APPEARING ON THIS ROLL OF FILM DESIGNATED
AS REEL No. 173-5 WERE PHOTOGRAPHED BY THE UNDERSIGNED
ON THIS DATE.

REEL BEGINS WITH 18940000001

REEL ENDS WITH 18940002000

BY L. L. Walker
(SIGNATURE OF OPERATOR)

DATE 8/16/78

HR - RM 25
(6-1-59)
HALL OF RECORDS COMMISSION

END OF RETAKE SECTION

STATE OF MARYLAND

**HR-RM 31
(4-1-54)
Hall of Records Commission**

1735

Department of
Health & Mental
Hygiene, Vital Records
Birth Certificates
Baltimore City

STATE OF MARYLAND

FILE ARRANGEMENT

Numerical Order

*Some Birth Certificates
are missing at time of
filming and have been
Lost*

STATE OF MARYLAND

CERTIFICATION

This is to certify that the microphotographs appearing
on this reel are accurate and complete reproductions of the file
Birth Certificates Baltimore City
(Name of file)
of DHMH Vital Records
(Agency).

This microfilming is being performed with the assistance
of the Hall of Records Commission, Records Management Division.
(Chapter 436, Acts of 1953).

Sumhild D Bolander

Date July 27, 1978

STATE OF MARYLAND

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1885
3
RETURN OF A BIRTH, 53165-

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

2
Female
or 1st
Jan 24 1894
601 Chapple St
City of Baltimore
Mary Updegraff
Baltimore
Jas Updegraff
Laborer
Baltimore
C. M. Lewis M.D.
1213 Patterson Ave
Free Presentation
1894000001

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any child have been conferred) its sex, color, the full name and occupation of the mother, and the date of birth, in the form of a certificate between the first and said schedule shall be delivered, and shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should do other person, the attendance upon the mother immediately thereafter, and the child, shall be reported to the Registrar of Births, in the manner and within the period above required, and child to report to birth to a person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21st Jan. 1894

4. Place of Birth, (Street and Number) Polyski St. No 208

5. Full Name of Mother, Lehara Goffball

6. Mother's Maiden Name, Schweitzer

7. Mother's Birthplace, Germany

8. Full Name of Father, George Goffball

9. Father's Occupation, Wash. Man

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Harold Schway Ind E by No 434

Remarks, _____

8940000004

Wm. J. C. Dolany Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

L. Child

Bay

White Race

Born Jan'y 22nd 1894

201 Wellington Lane
Bristol, R.I.

Mrs. Winnie Ricklin

Miss Boon

Balto City

William Pickles

Brewer

Balto City

Mrs. Hitler

#2127 W. Pratt Str

8940000005

RETURN OF A BIRTH. 33172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 of January 1894.

4. Place of Birth, (Street and Number) 401 Chester St.

5. Full Name of Mother, Anna Müller

6. Mother's Maiden Name, Anna Ritter

7. Mother's Birthplace, Baltimore M.D.

8. Full Name of Father, Ferdinand Müller

9. Father's Occupation, Grocery Store

10. Father's Birthplace, Germany

Name of Medical Attendant, Mrs. L. A. Hill M.D. or other person who makes this return,

Address, 207 N. Castle St.

Remarks,

Section 10. This schedule shall contain a list of the sire, which have occurred under its care during the year, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of its birth, and its schedule shall be delivered to the Secretary of the Department of Health, at the first annual meeting of the Commission on the part of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the absence and within the period above required, and the child to represent persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars. Each offense, to be covered as other fines and forfeitures are recoverable

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health, to cause the birth of any child shall occur without the attendance of a physician or practitioner of health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth in the Commissioner of Health, to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 22nd

4. Place of Birth, (Street and Number) 653 W. Pratt St

5. Full Name of Mother, Charlotte Gadenheimer

6. Mother's Maiden Name, Charlotte Nickel

7. Mother's Birthplace, Germany

8. Full Name of Father, Christian Gadenheimer

9. Father's Occupation, Sign Painter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return

Address, Jellisona Phipps

Remarks, 611 Calver St

8940000009

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred its sex, color, the full name of its parents, the date and place of birth; and the said schedule shall be reviewed by the practitioner in the form of a certificate of the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of the child, it shall become the duty of the person or persons of whom the child is born to report to the Registrar of Vital Statistics, Baltimore City, the name of the child, its sex, color, the full name of its parents, the date and place of birth, and the name of the person or persons of whom the child is born, and to file the same with the Registrar of Vital Statistics, Baltimore City, within ten days after the birth of the child, and if any person shall fail to comply with the provisions of this section, he shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 22^d 1894
4. Place of Birth, (Street and Number) 861 Chatta St Baltimore Md
5. Full Name of Mother, Kate Wilson
6. Mother's Maiden Name, Kate Roberts
7. Mother's Birthplace, Unionville Talbot County Md
8. Full Name of Father, Louis R Wilson
9. Father's Occupation, Porter
10. Father's Birthplace, Smithfield Isle of Wight Co Va
- Name of Medical Attendant, or other person who makes this return, Mrs Mary Sampson
- Address, 871 Chatta St
- Remarks, _____

8940000013

RETURN OF A BIRTH. 53178 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the health, and shall set forth as far as the same can be ascertained the names, the date and place of birth, and the sex, color, and age of the child, and the name and address of the practitioner in the form of a certificate between the first and third day of the month in which the birth occurred, and the day of the person or persons in such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colord

Date of Birth, Jan the 29 1894

Place of Birth, (Street and Number) 21 Vincient ally

Full Name of Mother, Gracie Ann Hodges

Mother's Maiden Name, Gracie Ann Hodges

Mother's Birthplace, A Ct County

Full Name of Father, John Edward Smith

Father's Occupation, Portor at Store

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Susan Wailer

Address, 26 Vincient ally

Remarks, Got heart trouble at fall

18940000014

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*-

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

RETURN OF A BIRTH 63181

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

of the birth certificate have occurred under his or her care during the month, and shall set forth as far as is known the occupation of the parents, the date and place of birth, and the name of the practitioner, duly signed by the practitioner in the form of a certificate between the father and mother, and every month to the Office of the Commissioner of Health, in the manner and within the period above required, and any such certificate shall be subject to the same penalty as is provided for the failure to report to birth to the Commissioner in compliance with the provisions of this section, and shall be subject to the fine of ten (\$10) dollars for each person who fails to report as a father and for each person who fails to recover as a father and for each person who fails to recover as a mother.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 53182

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)-*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,....

Remarks,

8940000018

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as full name and occupation of its parents, the date of birth, and the sex of the child, the date of delivery, duly signed by the practitioner of health. In case the birth of any child has occurred within the month, the date of birth shall be given, and the date of delivery shall be given, and the date of birth shall occur without the attendance of a midwife, or should no other person or persons of such attendance upon the birth to the Commissioner of Health, in the case of a birth occurring within the month, the child is to be reported to the Commissioner of Health, who shall have the authority to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 54

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 24 - 1884

4. Place of Birth, (Street and Number) 201 Lancaster st

5. Full Name of Mother, Mary A. Browner

6. Mother's Maiden Name, Roberts

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James E. Browner

9. Father's Occupation, Clerk

10. Father's Birthplace, Dunfries, Prince William Co Virginia

Name of Medical Attendant, Sarah P. Worthington

Address, 424 Bimney st

Remarks, 8940000019

RETURN OF A BIRTH. 53184
Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color. (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

1 8 9 4 0 0 0 0 0 2 0

RETURN OF A BIRTH

Office of Registrar of Vital Statistics Board of Health

53183

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race).

4. Place of Birth, (Street and Number).

6. *Mother's Maiden Name,*

8. Full Name of Father,

9. *Father's Occupation,*...

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address, ..

Remarks,

John Murphy & Co., City Printers and Stationers.

79400002

RETURN OF A BIRTH 53186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 25 January 1894

4. Place of Birth, (Street and Number) Kaiser Str No 2031.

5. Full Name of Mother, Barbara Hoffman

6. Mother's Maiden Name, Germany Boerner

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, Meria Anna Mayer Cemetery Lane
or other person who makes this Return.

Address, No 16 11.

Remarks, _____

any such the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

attend to report the mode of delivery, the name of the medical attendant, and the date of birth, to the Registrar of Vital Statistics, Baltimore City, within the time specified in the following schedule:

that shall occur within the time specified in the following schedule:

been conferred by the Registrar of Vital Statistics, Baltimore City, within the time specified in the following schedule:

month, and shall set forth as far as the name and occupation of the mother, the date and place of birth, and the

and shall set forth as far as the name and occupation of the mother, the date and place of birth, and the

1 2 4 0 0 0 0 2 2

RETURN OF A BIRTH. 53187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 25 January
 4. Place of Birth, (Street and Number) 2209 Gallinger
 5. Full Name of Mother, Lina Ott
 6. Mother's Maiden Name, Barthelme
 7. Mother's Birthplace, Balto
 8. Full Name of Father, John Ott
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Balto
 Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss
 Address, 2522 Lancaster St.
 Remarks,

5940000023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2nd

Male

white

~~224~~ Jan 25th 1894
Pitts. Fa. M-

224 N. Poppleton St.

Dora Her,

Sara Silwright

190

Howard B. Her

Clerk B & O, & K.

170

9 Harvey Hill road

807 N. Blington Ave

5940000025

RETURN OF A BIRTH. 53190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)---

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

9940000026

RETURN OF A BIRTH. 53191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Name of Member
Address, ... 401 Coors

Remarks,

as com b. 8940000027

Health.—This schedule shall contain a list of the persons which have occurred under his or her name during the year, and shall set forth age, sex, name and occupation of its full name, date and place of birth; and the health of each person so delivered daily signed by the Commissioner of Health, or should no other person be in said schedule at such time, by the physician or practitioner of medicine for the person or persons required, and shall occur without the attendance upon birth to the immediately thereafter. In the manner and within the time of this section shall be submitted to the Commissioner fail to comply with the provisions of this section, he or she shall be liable to a fine of ten dollars for each offense, to be recovered in any court of competent jurisdiction.

mount, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in that manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. Child
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Jan'y 26th 1894
4. Place of Birth, (Street and Number) #1819 W. Pratt Str
5. Full Name of Mother, Mrs. Annie Bodensick
6. Mother's Maiden Name, Miss. " Badembacker
7. Mother's Birthplace, Balto City
8. Full Name of Father, William. Bodensick
9. Father's Occupation, Car Driver
10. Father's Birthplace, Balto City
Name of Medical Attendant, or other person who makes this Return, Mrs. Miller
Address, #2127 W. Pratt Str
Remarks,

1 5 9 4 0 0 0 0 3 0

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

Health, and shall set forth as follows: In case of a child, if any shall have been conferred, its sex, color, the full name of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health, to the attendance of a physician or practitioner of midwifery, or should on other points of such child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provision and forfeitures are recoverable, and shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January the 26 1894
4. Place of Birth, (Street and Number) Tapscott Avenue 116
5. Full Name of Mother, Carroll Fisher
6. Mother's Maiden Name, Carroll Gross
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Gross
9. Father's Occupation, laborer
10. Father's Birthplace, Calbert County
- Name of Medical Attendant, or other person who makes this Return, Carroll Sane Wilson
- Address, West Thurg St 124
- Remarks, full 9 months

1 8 9 4 0 0 0 0 3 2

RETURN OF A BIRTH. 53197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jahn Adam Bergerding

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 child

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

27 Jan - 1894

4. Place of Birth, (Street and Number)

407 S. Bond st

5. Full Name of Mother,

Katie Bergerding

6. Mother's Maiden Name,

Katie Scheller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Bergerding

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs. Schuman

Address,

409 South Bond st

Remarks,

GIVEN NAME ADDED

2-4-94

1 894 0000 33

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name of its parents, the date and place of birth; and the said schedule shall be filed with the office of the Registrar of Vital Statistics, Baltimore City, within every month to the office of the Commissioner of Health, Baltimore City, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the time specified in this section shall be subject to report and persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Births and Deaths, on the day of each and every birth, and the practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 Jan
4. Place of Birth, (Street and Number) Eastern Ave 1613
5. Full Name of Mother, Anna Brock
6. Mother's Maiden Name, Anna Brag
7. Mother's Birthplace, Germany
8. Full Name of Father, Harry Brock
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Mrs Schuman
Address, 409 South Bond St
Remarks, _____

1 8 9 4 0 0 0 0 3 5

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED, 3-20-63

RETURN OF A BIRTH.

53201

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

Name: Edwin Marshall Stanton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan. 27th 1894

4. Place of Birth (Street and Number)

1215 Mosher St.

5. Full Name of Mother

Caroline D. Stanton

6. Mother's Maiden Name

Caroline Duffee

7. Mother's Birthplace

Williamsburg Va.

8. Full Name of Father

Benjamin J. Stanton

9. Father's Occupation

Carpenter

10. Father's Birthplace

Holdsboro, N. C.

Name of Medical Attendant, or other Person who makes this Return.

David J. Reinhardt, M.D.

Address

1118 Madison Ave.

Remarks

18940000037

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as possible the name of each child, (if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date of the birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the day of the practitioner or practitioner of midwifery, or should no other person be in attendance upon the mother, the practitioner or practitioner of midwifery shall report the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period of time prescribed by any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-9-57
RETURN OF A BIRTH. 53202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter Cecil Hoague

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *3d.*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *The 27 of Jan. 1894*

4. Place of Birth, (Street and Number) *11931 12th St.*

5. Full Name of Mother, *Mary Hoague.*

6. Mother's Maiden Name, *Mary Lindemann.*

7. Mother's Birthplace, *Harvey De Grace.*

8. Full Name of Father, *Michael Hoague.*

9. Father's Occupation, *Stone-Mason.*

10. Father's Birthplace, *Harvey De Grace.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Christina Lauer*

Address, *1039 Harford Ave.*

Remarks, *Baltimore City.*

1 8 9 4 0 0 0 0 3 8

any person or persons who shall heretofore fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

GIVEN NAME ADDED 1-10-54
RETURN OF A BIRTH. 53204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wilson Eli Bradley 21
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 of January 1894.
4. Place of Birth, (Street and Number) 1922 E. Fayette St
5. Full Name of Mother, Julie Bradley
6. Mother's Maiden Name, Julie Kraft
7. Mother's Birthplace, Baltimore M.D.
8. Full Name of Father, Wilson Bradley
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore M.D.
Name of Medical Attendant, or other person who makes this Return, Mrs Lea Hill M.D.
Address, 207 N Castle St Baltimore
Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child is attended upon the mother, immediately thereafter it shall become the duty of the practitioner to attend upon the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, Jan 28 94
4. Place of Birth, (Street and Number) 922 P. Avenue St
5. Full Name of Mother, Mrs. Minella Mausch Smith
6. Mother's Maiden Name, Mausch
7. Mother's Birthplace, Chester Pa
8. Full Name of Father, Albert H Smith
9. Father's Occupation, Clerk
10. Father's Birthplace, Concertsine Eng Land
- Name of Medical Attendants, or other person who makes this Return, A. A. Smith Jr
- Address, 2000 E. Dumbarton Dr
- Remarks, Natural Delivery

5940000042

RETURN OF A BIRTH. 53208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

594000044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. Father's Occupation,

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, _____

Remarks,

694000045

forfeited, its sex, color, the full name and occupation of the mother, the date and place of birth; and the said schedule shall be delivered, with a certificate in the form of a certificate between the first and third day of the month following the birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be present at the birth, the person so present shall be held to report the birth to the Commissioner of Health. It shall become the duty of the person or persons so present to report the birth to the Commissioner of Health, in the form of a certificate between the first and third day of the month following the birth, and any such person or persons who shall be so present shall be subject to the fine of ten (10) dollars for each offender, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁵³²¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Jan'y 31st 1894.

4. Place of Birth (Street and Number), #239 Carroll St.

5. Full Name of Mother, Nettie Parrott

6. Mother's Maiden Name, Kershaw

7. Mother's Birthplace, Ind

8. Full Name of Father, George W. Parrott

9. Father's Occupation, Ind

10. Father's Birthplace, Ind

Name of Medical Attendant, or other person who makes this Return, D. L. Williams M.D.

Address, 244 Carroll St

Remarks, North Baltimore Ind.

1 2 9 4 0 0 0 0 4 7

RETURN OF A BIRTH. 53512 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration, it shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

5940000048

RETURN OF A BIRTH 53213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~State whether male or female~~)
2. Race or color, (~~if not of the white race~~)
3. Date of Birth, Jan 31/34
1405 - N Dallas St.
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Mary
6. Mother's Maiden Name, Burkgraf.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Henry Junthaus
9. Father's Occupation, Cabinet Maker.
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes the Return, J. C. H. H.
Address, 1502 N. Ford St.
Remarks, Over 20

8940000049

any of such and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the first day of the month, the birth shall be reported on the first day of the month following. Any person who neglects to report the birth of a child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 31-94

4. Place of Birth, (Street and Number) 622 W Lombard St.

5. Full Name of Mother, Bessie Gordon

6. Mother's Maiden Name, —

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, (other person who makes this Return) W L Larned M.D.

Address, 622 W Lombard St.

Remarks, —

5940000050

Section 100, Act of April 10, 1892, Chapter 100, of the laws of the State of Maryland, provides that the full name and occupation of its parents, the date and place of birth, and the sex of each child, shall be recorded in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the person attending the birth, or any other person, shall be liable to a fine of not more than ten dollars for each offence, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 31st 1894. 11. A. M.
4. Place of Birth, (Street and Number) 201 S. Bond St. Baltimore, Md.
5. Full Name of Mother, Maria Marcinek
6. Mother's Maiden Name, Maria Marc
7. Mother's Birthplace, Dziarsniki - Poland / Austria
8. Full Name of Father, Jakob Marcinek
9. Father's Occupation, _____
10. Father's Birthplace, Labce - Poland / Austria
- Name of Medical Attendant, or other person who makes this Return, Dr. Charles J. ...
- Address, 219 S. Caroline St.
- Remarks, _____

894000051

and schedule of the sex, color, race, full name and occupation of its parents, the date and place of birth, and the date of the birth of the child, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of the month in which the birth occurs, to the Registrar of Vital Statistics, Baltimore City. In case the birth of any child shall occur without the attendance of a physician, the midwife, or other person, it shall be the duty of such person to attend upon the mother, immediately thereafter, in the manner and within the period or periods of such child to report its birth to the Registrar of Vital Statistics, Baltimore City, in the form of a certificate, and such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan'y 31st 94

4. Place of Birth, (Street and Number) 1301 Hillman

5. Full Name of Mother, Mary Russell

6. Mother's Maiden Name, Mary Murray

7. Mother's Birthplace, Ireland

8. Full Name of Father, James Russell

9. Father's Occupation, Traveller

10. Father's Birthplace, Harford Co

Name of Medical Attendant, or other person who makes this Return, Daniel V Moyle M.D.

Address, 1200 N. Eden St.

Remarks, _____

18940000052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks,

Addressed and
forward it

5 9 4 0 0 0 0 0 5 4

and schedule shall be delivered, duly signed by the mother or the father, the date and place of birth, and the sex, colour, the full name and occupation of the parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, no certificate shall be required; but if such assistance upon the mother, midwife or other person, it shall become the duty of the person so assisting to deliver to the Commissioner of Health, in the manner and within the time provided for above, a certificate of such assistance, which certificate shall be subject to the same provisions as those relating to certificates of birth, and such person or persons failing to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Milton Seaton Alvather

1. Sex, (state whether male or female). *Male*
2. Race or Color, (if not of the white race). *White*
3. Date of Birth, *January 1st 1894*
4. Place of Birth, (Street and Number) *2624 Florence St*
5. Full Name of Mother, *Emma Abrether*
6. Mother's Maiden Name, *Emma Hammett*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Abrether*
9. Father's Occupation, *Doctor*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *Mrs. E. Faulstich*
Address, *2859 N. Fulton Avenue*
Remarks,

894000055

been examined, and the color, the full name and occupation of the parents, the date and place of birth, and the date of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately after the birth, the mother shall be required to attend upon the child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *100 Jan*

4. Place of Birth, (Street and Number) *Clark St*

5. Full Name of Mother, *Rose Moore*

6. Mother's Maiden Name, *Rose McKim*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Moore*

9. Father's Occupation, *Truckster*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. D. Smith midwife*

Address, *No. 506 E. Broughton St.*

Remarks,

8940000056

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the Registrar of Health, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to be born, to file a statement of the birth of such child with the Registrar of Health, and if any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, Jan 1 - 94

4. Place of Birth, (Street and Number) 226 Salmon Alley

5. Full Name of Mother, Annie Harrison.

6. Mother's Maiden Name, —

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, J. B. Stone M.D.

or other person who makes the Return.

Address, 677 W. Lombard Street.

Remarks, —

1 8 9 4 0 0 0 0 5 8

said schedule shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

ONE

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Jan 1 - 94

4. Place of Birth, (Street and Number)

677 Lombard St.

5. Full Name of Mother,

Betty Reed

6. Mother's Maiden Name,

—

7. Mother's Birthplace,

—

8. Full Name of Father,

—

9. Father's Occupation

—

10. Father's Birthplace,

—

Name of Medical Attendant

other person who makes this Return

J. W. Larned M.D.

Address,

677 Lombard St.

Remarks.

8940000059

RETURN OF A BIRTH. 53224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Januar 1/94

4. Place of Birth, (Street and Number) Lagester St. No 1526.

5. Full Name of Mother, Lily Tafeloka

6. Mother's Maiden Name, Medchen.

7. Mother's Birthplace, Poland.

8. Full Name of Father, Stanislaus Kwiatkowski.

9. Father's Occupation, Poland

10. Father's Birthplace, Poland.

Name of Medical Attendant, or other person who makes this Return, Agnes Rodolna

Address, Thames St. No 1835

Remarks, Legut.

8940000060

RETURN OF A BIRTH. 53225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race)-

3. Date of Birth, Jan'y '94

4. Place of Birth, (Street and Number) 1415 Lamont St

5. Full Name of Mother, Kate Crossin

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, Illinois
8. Full Name of Father, James

8. Full Name of Father, George J. J. J.
9. Father's Occupation, George J. J. J.

9. Father's Occupation Starch Cutter

10. Father's Birthplace, _____
Name of Medical Attendant, _____

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Parkhurst
Remarks:

Remarks, _____

been conceived, its sex, color, the full name and occupation of its parents, the date and place of birth, and shall be delivered, duly signed by the doctor in the form of a certificate, to the mother, the father, or the third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur within the residence of a physician or practitioner of medicine, he shall be bound to sign and deliver upon the mother, immediately after the birth, a certificate of the date and place of birth, and the name of the child, and the name of the mother, in the manner and within the time and place herein provided for, and any such persons who shall heretofore fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89400006

RETURN OF A BIRTH 53226
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who attended patient Ellen Mae

Address, 1644 E. T^h St., Seattle, Wash. *Redeemer*

Remarks,

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 1, 1894
4. Place of Birth, (Street and Number) 624 West Cross Str. (City)
5. Full Name of Mother, Betty Albrecht
6. Mother's Maiden Name, Betty Alt
7. Mother's Birthplace, 620 West Cross Str (City)
8. Full Name of Father, Chas. William Albrecht
9. Father's Occupation, Leather n.
10. Father's Birthplace, Vegesack bei Bremen (Germany).
- Name of Medical Attendant, or other person who makes this Return, Mrs Bange
- Address, 711 Cross St
- Remarks,

8940000063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)---

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation*—

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8940000064

RETURN OF A BIRTH. 58229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth, Jan 2/94

4. Place of Birth, (Street and Number) 1246 E. North Ave

5. Full Name of Mother, Emma J. Rogers

6. Mother's Maiden Name,

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, Geo. R. Padgett

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who
witnesses the Return, J. Johnston

Address, 502 N. Bond St.

Remarks,

58229

RETURN OF A BIRTH. 53230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940000066

any such person who shall be convicted of any offense under this act shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or of a midwife, or of a nurse, or of a person authorized by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 2d Jan
 4. Place of Birth, (Street and Number) 41 Constitution St
 5. Full Name of Mother, Maggie Rockford
 6. Mother's Maiden Name, Maggie Barry
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, George Rockford
 9. Father's Occupation Laborer
 10. Father's Birthplace, Baltimore Md.
 Name of Medical Attendant, or other person who makes this Return, Mrs. D. Wink midwife
 Address, No 506 N High St
 Remarks,

9940000067

to be filled out by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be present, the parent or parents shall become the duty of the Registrar of Health, in the manner provided in the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 -

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 2

4. Place of Birth, (Street and Number) Lafayette St. E. 7

5. Full Name of Mother, Caroline Harrison

6. Mother's Maiden Name, Caroline Hoch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Walter Harrison

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Harry J. Plugg

Address, 2847 Landon St. D

Remarks, _____

8940000068

RETURN OF A BIRTH. 53233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*-

4. *Place of Birth, (Street and Number)-*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

9 9 4 0 0 0 0 0 6 9

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such physician or practitioner to report the birth of such child to the Commissioner of Health, and to file a copy of the report with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, the 1st of Jan 2 1899
4. Place of Birth, (Street and Number) 1200 York St
5. Full Name of Mother, Elmore Adeline
6. Mother's Maiden Name, Elmore Harris
7. Mother's Birthplace, St Marys Co Md
8. Full Name of Father, Wiles Thomas Adelman
9. Father's Occupation, Work in Harris's garage
10. Father's Birthplace, Cambridge Md
- Name of Medical Attendant, or other person who makes this Return, Louisa Handford
- Address, No 136 York St
- Remarks, _____

8940000071

This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, in case the birth of any child is attended upon by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in the provisions of this section. Any person who fails to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 2-94
4. Place of Birth, (Street and Number) 677 W Lombard St
5. Full Name of Mother, Maggie Thompson
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —
Name of Medical Attendant, or other person who makes this Return, O B Stone MD
Address, 677 W Lombard St
Remarks, —

8940000072

and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month next following the birth of the child, to the office of the Commissioner of Health, in case the birth of any child shall occur on the first, second, or third day of the month, or on any other day of the month, or on any other person, be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons so attending, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 53237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 2nd 1894

4. Place of Birth, (Street and Number) 2013 Cathedral

5. Full Name of Mother, Mary Dorsey Mitchell

6. Mother's Maiden Name, " Mitchell

7. Mother's Birthplace, Mo.

8. Full Name of Father, A. C. Dwyer

9. Father's Occupation, Capt. U.S. Army

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, C. B. Humphreys

Address, 925 Cathedral

Remarks, _____

18940000073

...the fee of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 53238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 3

4. Place of Birth, (Street and Number) Baltimore 1303 Cross St

5. Full Name of Mother, Lillie Russell

6. Mother's Maiden Name, Lillie Russell

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Geo W Carney

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Baigle

Address, 211 Cross St

Remarks, _____

8940000074

and the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the parent or person who shall be immediately thereafter shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 53240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 3rd

1. Sex, (state whether male or female)... female

2. Race or Color, (if not of the white race)... white

3. Date of Birth... 3rd Jan

4. Place of Birth, (Street and Number)... 743. E. Howard St

5. Full Name of Mother... Ellen Bigsley Bigsley

6. Mother's Maiden Name... Ellen James

7. Mother's Birthplace... Baltimore, Md.

8. Full Name of Father... William Bigsley Bigsley

9. Father's Occupation... Carpenter

10. Father's Birthplace... Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return... Mrs. A. J. Smith

Address... 516. N. High St

Remarks...

\$ 9 4 0 0 0 0 7 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth of the child, the person so attending shall be subject to the same penalties as the practitioner of midwifery, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth. Jan 3rd 1894

4. Place of Birth, (Street and Number) Parkdale Ave West Baltimore

5. Full Name of Mother, Elora Kate Armiger

6. Mother's Maiden Name, Elora Kate Williams

7. Mother's Birthplace, Carroll Co. Md.

8. Full Name of Father, James Franklin Armiger

9. Father's Occupation, Employee in Cotton factory

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. W. Shower M.D.

Address, 421 Roland Ave. Hampden

Remarks,

9940000077

RETURN OF A BIRTH. 53242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female).

2. Race or Color. (if not of the white race)

3. Date of Birth, January 30, 1901

4. Place of Birth, (Street and Number) - 1800 / Avenue

5. Full Name of Mother, Francis Hayden

6. Mother's Maiden Name, Elizabeth

7. Mother's Birthplace, Albany, N.Y.

8. Full Name of Father, Welson Byrum

9. Father's Occupation fisherman

10. Father's Birthplace, Halvers Co

Name of Medical Attendant, or other person who makes this Return, James H. Baker

Address, 1640 Vincent - District near L.A.

Remarks.

8 9 4 0 0 0 0 0 7 8

and certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 3. January

4. Place of Birth, (Street and Number) 1110 Newman's court

5. Full Name of Mother, Margarethe Gretzinger

6. Mother's Maiden Name, " " Bruck

7. Mother's Birthplace, Hemferhausen Germany

8. Full Name of Father, Charles Gretzinger

9. Father's Occupation, Cabinetmaker

10. Father's Birthplace, Reutlingen Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 Cross St

Remarks, _____

894000079

said schedule shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer in charge of the office of Health, in case the birth of any child shall occur without the aid of a physician or practitioner of midwifery, or should no other person be in attendance on the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and to the effect provided in the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940000080

and certificate shall be returned, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and the practitioner shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 4th 1894

4. Place of Birth, (Street and Number) 702 S. Fremont ave

5. Full Name of Mother, Emeline E. Franklin

6. Mother's Maiden Name, Gray

7. Mother's Birthplace, City

8. Full Name of Father, Benj. P. Franklin

9. Father's Occupation, Cigarmaker

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, H. M. Weber, M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor.

8940000081

RETURN OF A BIRTH.

53246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank Corner, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White-

3. *Date of Birth.*

January 4 1894

4. *Place of Birth, (Street and Number)*

1204 Bolton Street

5. Full Name of Mother.

Levinia May Corner

6. *Mother's Maiden Name.*

His

7. *Mother's Birthplace,*

Bacturus belg

8. *Full Name of Father,*

Frank Covey

9. Father's Occupation

Merchants

10. *Father's Birthplace,*

Bactine City

Name of Medical Attendant,

or other person who
makes this Return

Marbury Brewer M.D.

Address.

1106 McCulloch Street

Remarks,

5 9 4 0 0 0 0 0 8 2

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (\$10) dollars for each offense, to be recovered on other fines and forfeitures are recoverable on the same day and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such child to register the birth of such child to the Commissioner of Health.

RETURN OF A BIRTH. 53247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) one

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 4

4. Place of Birth, (Street and Number) 617 W Lombard St

5. Full Name of Mother, Bessie C Wiley

6. Mother's Maiden Name, —

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, (or other person who makes this return) O. B. Jones M.D.

Address, 617 W Lombard St

Remarks, —

8940000083

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, in case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be present at the birth of such child, the mother, immediately thereafter, shall become the duty of the person so present to make a return of the birth of such child in the manner and within the time specified in this section, and in case such person or persons shall fail to comply with the provisions of this section, they shall be liable to a fine of ten dollars, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present to report to the Commissioner of Health, in writing, the birth of such child to the Commissioner of Health, and to comply with the provisions of this section. Any person who fails to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 53248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) On 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 4 - 94

4. Place of Birth, (Street and Number) 677 W Lombard St

5. Full Name of Mother, Agnes Jones

6. Mother's Maiden Name, —

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Dr. Larned M.D.

Address, 677 W Lombard St

Remarks, —

894000084

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or parents of such child shall become the duty of the person or persons of such child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1st

1. Sex, (state whether male or female)..... female

2. Race or Color, (if not of the white race)..... white

3. Date of Birth,..... 4th of January 94.

4. Place of Birth, (Street and Number)..... 125 Little Hill St.

5. Full Name of Mother,..... Martha Weingardt

6. Mother's Maiden Name,..... Martha Paratzik

7. Mother's Birthplace,..... Germany

8. Full Name of Father,..... Wilhelm F. Weingardt

9. Father's Occupation,..... Brauer

10. Father's Birthplace,..... Germany

Name of Medical Attendant, or other person who makes this Return,..... Friederike Kender Midwife

Address,..... 2116 West Pratt St.

Remarks,.....

18940000085

been collected, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period of time specified in and subject to the provisions of the Act, and the person who shall become the duty of the person or persons of said child to report its birth to the office of the Commissioner of Health, shall be liable to a fine of ten dollars for each offence, to be recovered in either fines and forfeitures are recoverable.

Orw RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan. 4 - '94

4. Place of Birth, (Street and Number)

1113

5. Full Name of Mother,

Ella F. Davidson

6. Mother's Maiden Name,

Shriver

7. Mother's Birthplace,

Balta

8. Full Name of Father,

Joseph E. Davidson

9. Father's Occupation,

Salesman Clothing

10. Father's Birthplace,

Virginia

Name of Medical Attendant,

or other person who makes this Return,

J. H. Chickane M.D.

Address,

1811 Madison Ave.

Remarks,

Full name of child - Anne Horis Davidson

8940000086

RETURN OF A BIRTH. 53251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1 et.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race).

White

3. *Date of Birth,*

Jan. 4, 1944

4. *Place of Birth, (Street and Number).*

1721 S. Carlos St

5. *Full Name of Mother.*

Elma Harding

6. *Mother's Maiden Name,*

11 Tobias

7. *Mother's Birthplace.*

Yr many

8. *Full Name of Father,*

Charles Harding

9. *Father's Occupation*

Carpenter

10. *Father's Birthplace,*

Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return.

L. L. Borden

Address.

418 L. Para. L.

Remarks.

8940000087

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother shall be immediately reported to the office of the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the office of the Registrar of Vital Statistics, in the manner and within the period above required, and any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

Philip 3/10/20

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4 Jan 1894

4. Place of Birth, (Street and Number) 128 High St

5. Full Name of Mother, Cennie Brown

6. Mother's Maiden Name, Belman

7. Mother's Birthplace, Russia

8. Full Name of Father, Jack Brown

9. Father's Occupation, Bookbinder

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, J. Thompson

Address, 128 High St

Remarks, _____

RETURN OF A BIRTH. 53254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan. 5. '94
Richardson St.

4. Place of Birth, (Street and Number)

Idda Grieson
Idda Potter

5. Full Name of Mother,

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

George Grieson

8. Full Name of Father,

Labov

9. Father's Occupation

Baltimore

10. Father's Birthplace,

Lina Müller

Name of Medical Attendant, or other person who makes this Return,

1333 Hull St

Address,

Remarks,

1 8 9 4 0 0 0 0 0 9 0

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the mother, immediately thereafter, shall become and within the period of one month shall be subject to a medical examination, and if found to be in violation of the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar and the
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
attendant upon the birth of a child, the person or persons of such child shall be reported to the Registrar and the
child to report its birth to the Commissioner of Health, in the manner and within the time provided in this section, and
pay such person or persons who shall hereafter fail to comply with the provisions of this section, shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth.

Jan. 5th - '94

4. Place of Birth, (Street and Number)

14-20 W. Mount St.

5. Full Name of Mother,

Mary J. Suter

6. Mother's Maiden Name,

Shiplay

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

A. J. Suter

9. Father's Occupation

Painter

10. Father's Birthplace,

Balt.

Name of Medical Attendant,

or other person who
makes this Return.

J. H. Christian M.D.

Address,

1861 Madison Ave

Remarks,

9940000091

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 3rd

4. Place of Birth, (Street and Number)

9

W. Lexington St

5. Full Name of Mother,

Maggie Schmeltz

6. Mother's Maiden Name,

Beyer

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Friedrich Schmeltz

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore Ma

Name of Medical Attendant, or other person who makes this Return,

Mrs Minnie Seef

Address,

206 N. Schroeder St

Remarks,

8940000092

RETURN OF A BIRTH. 53257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 5 Feb 1894

4. Place of Birth, (Street and Number) - 123 E West St

5. Full Name of Mother, Rosadel Sain

6. Mother's Maiden Name, "Lent

7. Mother's Birthplace, Baltimore

8. Full Name of Father, *William D. Harris*

4. Father's Occupation. Laborer

10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Smith

Address, 436 E. Fort Ave. Fort W.

Remarks, *6 days ind*

Wm. J. C. Dulany Co., City Printers and Stationers.

8940000093

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or other person who has charge of the child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan'y 5th 1894*

4. Place of Birth, (Street and Number) *117 Hamilton Ave*

5. Full Name of Mother, *Louise W. Smuck*

6. Mother's Maiden Name, *Lyons*

7. Mother's Birthplace, *N. York Co. N.Y.*

8. Full Name of Father, *William E. Smuck*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *John Kepp M.D.*

Address, *21 Hamilton Ave.*

Remarks, _____

8940000094

RETURN OF A BIRTH 53259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th.

1. Sex, (State whether male or female)

F.

2. Race or color, (if not of the white race)

W.

3. Date of Birth,

Jan. 5. 1894

4. Place of Birth, (Street and Number)

212 W. Fayette St.

5. Full Name of Mother,

Maheda King.

6. Mother's Maiden Name,

" Schaeffer.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Frances Joseph King

9. Father's Occupation,

Shoemaker.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

Alfred Wanders, M.D.

Address,

924 Cathedral St.

Remarks,

18940000095

third day of each month and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, for the purpose of being entered in the birth register. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother, immediately after the birth, shall report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the name of the child, the date of birth, the sex, the race or color, the place of birth, the full name of the mother, the mother's maiden name, the mother's birthplace, the full name of the father, the father's occupation, the father's birthplace, the name of the medical attendant, or other person who makes this return, the address, and the remarks, if any, and the Registrar of Vital Statistics, Board of Health, Baltimore City, shall issue a birth certificate to the mother, and shall cause the birth to be entered in the birth register. Any person who shall fail to comply with the provisions of this section shall be subject to a fine of not more than \$100 for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother or person who makes this return shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

5th of January 94

4. Place of Birth, (Street and Number)

2016 Wilhelm. Str

5. Full Name of Mother,

Malle King

6. Mother's Maiden Name,

Malle Mierphi

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John King

9. Father's Occupation,

Labor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Friedrich Kessler Midwife

Address,

2116 West Pratt. Str

Remarks,

8940000096

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the time specified, the parent or parents shall be liable to pay the fee of ten cents for each child to report to birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Robert William White~~

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th day January 1894
4. Place of Birth, (Street and Number) 1327 St. Martin St
5. Full Name of Mother, Mrs Emma E White
6. Mother's Maiden Name, Emma E. Paul
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Robert S. White
9. Father's Occupation, Sewing Machine and Ironing
10. Father's Birthplace, Richmond Va
- Name of Medical Attendant, or other person who makes this Return, Annie Lindner
- Address, No. 106 S. Monroe St.
- Remarks, GIVEN NAME ADDED. 2-14-95

18940000097

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs within the period of one month prior to the first day of the month in which the birth occurs, the birth should be reported to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of \$10 dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Jan 5 1894
4. Place of Birth, (Street and Number) 816 Woodyear st
5. Full Name of Mother, Sarah E. Lynn
6. Mother's Maiden Name, Sarah G. Smith
7. Mother's Birthplace, Martinsville Va
8. Full Name of Father, Wm. Smith
9. Father's Occupation, Lawyer
10. Father's Birthplace, Martinsville Va
- Name of Medical Attendant, or other person who makes this Return, Mary C. Jones
- Address, 913 Parrish alley
- Remarks, _____

894000093

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, Baltimore City, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person so attending the mother to report its birth to the Commissioner of Health, in the manner and within the period above required, and the person so failing to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 5. 1894

4. Place of Birth, (Street and Number)

1125 Main Hill Ave.

5. Full Name of Mother,

Mrs. Martha McChesney.

6. Mother's Maiden Name,

Martha McLean

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William S. McChesney.

9. Father's Occupation,

Coal Dealer

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other person who makes this Return.

James C. Clarke

Address,

1025 Madison Ave.

Remarks,

9940000099

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)... *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, January 5-1894

3. Date of Birth, January 2, 1906
4. Place of Birth, (Street and Number) Boston City 906 Cambridge St.

5. Full Name of Mother, Ada Sheldon

6. Mother's Maiden Name, Ida Nise

6. Mother's Maiden Name, _____
7. Mother's Birthplace, Balto City

7. Mother's Birthplace, _____
8. Full Name of Father, John Sheldon
Bassell

9. Father's Occupation Barrell Driver
Pratto Co

10. Father's Birthplace, Osaka, Japan

Name of Medical Attendant, or other person who makes this return, Mr. C. H. Daff

Name of Medical Attendant, makes this Return,.....
Address, 722 Hamburg st

Remarks,

189400001000

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certificates between the first and third day of each and every month, to the Office of the Registrar of Vital Statistics, or should no such person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED, 1-12-65
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: *George Willson Kellough*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 6/94

4. Place of Birth, (Street and Number)

302 W. Saratoga St

5. Full Name of Mother,

Barbara Kellough

6. Mother's Maiden Name,

" Vohden

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert Kellough

9. Father's Occupation,

Shoe Cutter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Mrs. E. E. Gibson M.D.

Address,

1102 W. Lafayette Ave

Remarks,

8948000101

RETURN OF A BIRTH. 53266
 GIVEN NAME ADDED 3-13-59
 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Milton James Abbott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 6, 1894
4. Place of Birth, (Street and Number) 222 West 15th St. New York
5. Full Name of Mother, Chas. Abell
6. Mother's Maiden Name, Heinlein
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Levin Abell
9. Father's Occupation Writer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return Louise M. Williams

Address, 614 E. Charles Street - Mrs. M. K. Kamm

Remarks

Remarks.

8940000102

shall occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child be attended upon by any person, who shall become the duty of the person or persons of such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *Black*
 3. Date of Birth, *Jan 6 1894*
 4. Place of Birth, (Street and Number) *807 Elder Alley*
 5. Full Name of Mother, *Louise Brown*
 6. Mother's Maiden Name, *L.I.*
 7. Mother's Birthplace, *Balt.*
 8. Full Name of Father, *Ralph Brown*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Unknown*
- Name of Medical Attendant, or other person who makes this Return, *Wilmer Boniton M.D.*
- Address, *Mid. Lying-in Hospital*
- Remarks,

5940000103

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to a physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter it shall become the duty of the practitioner to report the birth of such child to report in birth to the Commissioner of Health, who shall cause the same to be entered in the section above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 53270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Female
Colored

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

January 6th 1914

4. Place of Birth, (Street and Number)

543 W. Lenoire St

5. Full Name of Mother,

Josephine Cooper
Smith

6. Mother's Maiden Name,

7. Mother's Birthplace,

Leatonville Md

8. Full Name of Father,

John H. Cooper

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this return.

Mary J. Fossett

Address,

563 Dolphin Street

Remarks,

8940000106

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the same to the Commissioner of Health, in the manner and within the time specified, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan'y 6th 1894

4. Place of Birth, (Street and Number) 1272 Battery av.

5. Full Name of Mother, Bertie A. Meekins

6. Mother's Maiden Name, Burdett

7. Mother's Birthplace, Cumbersland Md

8. Full Name of Father, Milton Whitney Meekins

9. Father's Occupation, Engineer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, R. C. Lee

Address, Harmon St.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race), White

3. Date of Birth, January 6/94.

4. Place of Birth, (Street and Number) S. Bond St. No 728

4. Full Name of Mother, Mary Leguerosha

6. Mother's Maiden Name, Medchen

7. Mother's Birthplace, *Iceland.*

8. Full Name of Father, Jakob Matuszak.

9. Father's Occupation, *Poland.*

10. Father's Birthplace, Doeland.

Name of Medical Attendant, or other person who makes this Return, *Agnes Hodolna*

Address, *Thames St. No. 1635.*

Remarks, *Boat.*

shall occur without the attendance of a physician or practitioner of midwifery, or should in any case occur immediately thereafter it shall become the duty of the person so offending to report to the child to report to the Commissioner of Health in the manner and within the period above required, and if he fails to do so he shall be liable to a fine of ten dollars. The provisions of this section shall be applicable to the fine of ten dollars for each offence, to be recovered in whole fines and forfeitures are recoverable.

8940000108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month at the office of the Commissioner of Health. In case the practitioner is on call, the certificate shall be delivered, duly signed by the practitioner or a physician or practitioner of midwifery, to the person or persons he is attending upon without the delay, immediately hereafter it shall become due and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered up other fines and forfeitures are recoverable in addition to the fine of ten (10) dollars for each offense.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race)
 3. Date of Birth, Jan 7th '94
 4. Place of Birth, (Street and Number) 1118 Patterson Ave.
 5. Full Name of Mother, Ellen Lee Fogarty
 6. Mother's Maiden Name, Colvin
 7. Mother's Birthplace, Balto.
 8. Full Name of Father, Derrick J. Fogarty
 9. Father's Occupation, Rubber Merchant
 10. Father's Birthplace, Alexandria Va.
 Name of Medical Attendant, J. H. Christiane M.D. or other person who makes this return.
 Address, 101 Madison Ave.
 Remarks,

8940000109

Where the birth of any child occurs without the attendance of a physician or practitioner of midwifery, and no other persons be in attendance upon the birth, the person or persons so attending shall be liable to the provisions of this act, and shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Agnes Amelia Shaney Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Jan 7 - 94

4. Place of Birth, (Street and Number) 1513 N. Dallas

5. Full Name of Mother, Mary H. Shaney

6. Mother's Maiden Name, " " Wilson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Alexander Shaney

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary W. McNeill

Address, 1428 N. Bond

Remarks, Full name added by mother 6/22/36

Mary G. Shaney

894500110 Medical Clerk

RETURN OF A BIRTH. 53275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8940000111

RETURN OF A BIRTH 53276
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

1. Sex, (State whether male or female)
2. Race or color, (if not of the white race)

3. *Date of Birth*, ..
 .. (Street and Number)

3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Mother,

5. Full Name of Mother, _____

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*...

10. Father & Mother
Name of Medical Attendant, *Dr. C. L. L...*

Address,

Remarks,

8940000112

No. 1. 2. 3. 4. 5. 6.

Birth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, and no other person be in attendance, the mother shall become the duty of the period above recited, in the event of such neglect to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 111

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth. Jan. 7/94

4. Place of Birth, (Street and Number) 13. W. Rohr str.

5. Full Name of Mother, Barbara Krug

6. Mother's Maiden Name, " " Schmidt

7. Mother's Birthplace, Balto.

8. Full Name of Father, Frank Krug

9. Father's Occupation, Laberer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenhofer

Address, 2225 Long St.

Remarks, _____

8940000113

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child is attended by a physician or practitioner of midwifery, he or she shall be in attendance on the mother immediately thereafter, and shall report the birth of the child to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, January 7th

4. Place of Birth, (Street and Number) 1813 Fenger St. Baltimore Md.

5. Full Name of Mother, Caroline S. Schmidt

6. Mother's Maiden Name, Caroline S. Gundlach

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Edw. H. Schmidt

9. Father's Occupation, Living Maker

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Dr. J. M. Mearns

Address, 500 Seaderhall Street

Remarks, _____

18940000114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.).

1. Sex, (state whether ~~male~~ or female).
2. Race or Color, (if not of the white race).
3. Date of Birth, January 7th 1894.
4. Place of Birth, (Street and Number) 221 S. Fremont St
5. Full Name of Mother, Lina Fuchs.
6. Mother's Maiden Name, Lina Engelbach
7. Mother's Birthplace, Biedenbach - Hessen Nassau Germany
8. Full Name of Father, A F Wm Fuchs.
9. Father's Occupation Saddles.
10. Father's Birthplace, Neuhauhen, Prusentum Waldeck Germany
Name of Medical Attendant, or other person who makes this Return, Chas. Mierck
Address, 802 Madison Street
Remarks,
18940000115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4 ch

Male

Write

1894

Jan 7th 1880
203 Dunberry Alley

Catherine Washburn
L. Smith

" " " Schmidt

Germany

William Wernberg
12. 1. 1942

Box Maker

Germany

Miss Minnie Graf

206 N. Schroder St

8940000116

RETURN OF A BIRTH. 53281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sunday January 7th 1894*
4. Place of Birth, (Street and Number) *1100 Hanover St. Cor Cross St.*
5. Full Name of Mother, *Annie Galdus. Rittel Rittel*
6. Mother's Maiden Name, *Annie Galdus*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Gustav Rittel*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Dr. Minch*
- Address, *Leadenthall and Montgomery St.*
- Remarks, _____

8 9 4 0 0 0 0 1 1 7

GIVEN NAME ADDED 5/11/73

RETURN OF A BIRTH. 53282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ~~WALTER GUSTAVE~~ SIMON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *Jan. 7, 94*

4. Place of Birth, (Street and Number) *312 S. Bond St.*

5. Full Name of Mother, *Ida Simon*

6. Mother's Maiden Name, *Ida Hellerstein*

7. Mother's Birthplace, *Vigintz Schlesien Prussia*

8. Full Name of Father, *Henry Simon*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Hattingen in Prussia*

Name of Medical Attendant, or other person who makes this Return, *Lina Müller*

Address, *1333 Hall St.*

Remarks, *Filed: 1894*

8940000118

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, shall become the duty of the person or persons attending and shall report its birth to the Commissioner of Health, in the manner and within the time provided in and subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child
 Sex, (state whether male or female) Male
 1. Sex, (state whether male or female) _____
 2. Race or Color, (if not of the white race) January 7th 1894
 3. Date of Birth, 19th 1894
 4. Place of Birth, (Street and Number) 19th 1894
 5. Full Name of Mother, Apollonia Hermann
 6. Mother's Maiden Name, " " " "
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Wm. Hermann
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Annie Lindner
 Address, 1016 S. Howard St.
 Remarks, _____

8940000119

shall pay of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and to the Registrar of Vital Statistics, and the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rachel Irene Sater

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

January 7, 1894.

4. Place of Birth, (Street and Number)

324 Elm ave.

5. Full Name of Mother,

Ida May Sater.

6. Mother's Maiden Name,

Cornelius.

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

E. Bradley Sater.

9. Father's Occupation

Blacksmith.

10. Father's Birthplace,

Ind.

Name of Medical Attendant,

or other person who makes this Return,

Chas. H. Mitchell M.D.

Address,

291 Chestnut ave.

Remarks,

CIVIL NAME ADDED.

8-14-53

1894 JUL 10 00120

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. Place of Birth, (Street and Number) 200 N. Anson St

5. Full Name of Mother, ~~Mollie~~ ~~XXXXX~~ Mollie Shilley

6. Mother's Maiden Name, " " Hollister

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, James Shipley

9. Father's Occupation *Boiler Maker*

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, *Mrs. Annie B. Welch*

Address, 206 N. Schroder St.

Remarks,

8 9 4 0 0 0 0 1 2 1

The attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or persons of such a nature to report the birth to the Commissioner of Health in the manner and within the time and under the conditions above required, and any such person or persons who fail to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth, *Sept 1894*

4. Place of Birth (Street and Number), *10131 Boys St*

5. Full Name of Mother, *Anna Mersbach*

6. Mother's Maiden Name, *Miller*

7. Mother's Birthplace, *Barto*

8. Full Name of Father, *Thos Mally*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Geo H. [Signature]*

Address, *Md [Signature]*

Remarks, *Mrs. Anna Mersbach*

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife, or nurse, or should no other person be in attendance, the parent or parents of such child shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to be fined to the sum of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 8/94
4. Place of Birth, (Street and Number) 102 S. Durham Str.
5. Full Name of Mother, Margaretha Doerfler
6. Mother's Maiden Name, Kreit
7. Mother's Birthplace, Germany
8. Full Name of Father, Pankratz Doerfler
9. Father's Occupation, Postvendore
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Mrs. Weisenhofer
Address, 2225 Long St.
Remarks, _____

18940000123

third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother or other person, be it child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth, Monday Jan 8/94.

4. Place of Birth, (Street and Number) # 1813 N. Dallas St.

5. Full Name of Mother, Ella M. Comas.

6. Mother's Maiden Name, Town. Baltimore County

7. Mother's Birthplace, Ella F. Illinger.

8. Full Name of Father, Harry M. Comas.

9. Father's Occupation, Painter.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Fester

Address, 1600 East Canal St

Remarks, _____

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, if, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner provided in the provisions of this section. shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-9-60
RETURN OF A BIRTH

53289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elmer Russell Williams

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 8 - 1894

4. Place of Birth, (Street and Number)

706 Albert St

5. Full Name of Mother,

Mary Frances Williams

6. Mother's Maiden Name,

Chick

7. Mother's Birthplace,

Baltimore, Md

8. Full Name of Father,

Charles Edward Williams

9. Father's Occupation,

Patent Medicin

10. Father's Birthplace,

Baltimore, Md

Name of Medical Attendant, or other person who makes this Return,

Mary J. Dargatz

Address,

2847 Lenox St

Remarks,

18940000125

RETURN OF A BIRTH. 53290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January 24, 1911

4. Place of Birth, (Street and Number) 214 North 2nd St. Baltimore, Md.

5. Full Name of Mother, Jennie Stacey

6. Mother's Maiden Name, Jennie Williams

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Robert Stacey

9. Father's Occupation, General Laborer

10. Father's Birthplace, St. Louis, Mo.

Name of Medical Attendant, or other person who makes this Return, W. H. Smith, M.D.

Address, Carroll St. Baltimore, Md.

Remarks,

8940000126

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person or persons attending the birth shall be liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8th of January 1914

4. Place of Birth, (Street and Number) 2024 Chas. St.

5. Full Name of Mother, Rachel Schwartzberg

6. Mother's Maiden Name, Rachel Gans

7. Mother's Birthplace, Pole

8. Full Name of Father, Moritz Schwartzberg

9. Father's Occupation, Cigar-maker

10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Friedrich Weiler, M.D.

Address, 2116 West Pratt St.

Remarks, _____

8940000127

CERTIFICATE OF BIRTH

RETURN OF A BIRTH. 53293

Board of Health Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Winks

To the Office of Registrar of Vital Statistics, Board of Health, City of New York.

Mariam Margaret Winks
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1111*
1111

1. Sex, (state whether male or female)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940000129

any day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs on a day of the month which is not a day of the month of the preceding year, the birth shall be reported to the office of the Commissioner of Health on the first day of each and every month in which the birth occurs. In case the birth of any child occurs on a day of the month which is not a day of the month of the preceding year, the birth shall be reported to the office of the Commissioner of Health on the first day of each and every month in which the birth occurs. In case the birth of any child occurs on a day of the month which is not a day of the month of the preceding year, the birth shall be reported to the office of the Commissioner of Health on the first day of each and every month in which the birth occurs.

In case the birth of any child shall occur without the attendance of a physician, or should no other parts of such child be reported to the Commissioner of Health, in the manner herein provided, and the mother or person who shall hereafter file, in the manner herein provided, with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-15-56
RETURN OF A BIRTH. 53294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gertrude Marie Kahmer
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1.

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Jan. 7 4 1894
4. Place of Birth, (Street and Number) 745 West Baltimore Street.
5. Full Name of Mother, Anne Catherine Kahmer.
6. Mother's Maiden Name, Brown.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Philip Kahmer.
9. Father's Occupation, Bookbinder.
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, Mrs. Marie Farns.
- Address, 614 S. Charles Street.
- Remarks, _____

18940000130

RETURN OF A BIRTH. 532,95

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *January 9*
4. Place of Birth, (Street and Number) *820 Lemon Alley*
5. Full Name of Mother, *Virginia Johnson*
6. Mother's Maiden Name, *—*
7. Mother's Birthplace, *—*
8. Full Name of Father, *—*
9. Father's Occupation, *—*
10. Father's Birthplace, *—*
- Name of Medical Attendant, (or other person who takes this Return) *R. J. Leonard M.D.*
- Address, *621 Lombard St.*
- Remarks, *—*

18940000131

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth to the Registrar of Vital Statistics, Baltimore City, within the period above required, such person or persons who shall hereafter be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Two*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan'y 9-94*

4. Place of Birth, (Street and Number) *672 N Lombard St*

5. Full Name of Mother, *Mary Post*

6. Mother's Maiden Name, *—*

7. Mother's Birthplace, *—*

8. Full Name of Father, *—*

9. Father's Occupation, *—*

10. Father's Birthplace, *—*

Name of Medical Attendant, or other person who makes this Return, *L. W. Larned M.D.*

Address, *672 N Lombard St*

Remarks, *—*

8940000132

RETURN OF A BIRTH.

53297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *9 of January 1894*
 4. Place of Birth, (Street and Number) *1113 Chestnut Ave.*
 5. Full Name of Mother, *Elizabeth Jockel*
 6. Mother's Maiden Name, *Elizabeth Kissener*
 7. Mother's Birthplace, *W. Pratt St. City*
 8. Full Name of Father, *John George Jockel*
 9. Father's Occupation, *Furniture Wagon Driver*
 10. Father's Birthplace, *South Street City*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. M. George*
 Address, *711 cross st*
 Remarks,

18940000133

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time provided by law, and for the failure to do so, the mother and the person or persons of such child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, shall be deemed to be a case of illegitimate birth, and the person at birth, each attending physician, and the person at birth, shall be liable to the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 9, 1894

4. Place of Birth, (Street and Number) 2028 Eastern av

5. Full Name of Mother, Bessette Knute

6. Mother's Maiden Name, Bessette Karsen

7. Mother's Birthplace, Germans

8. Full Name of Father, Gred Knute

9. Father's Occupation, Lauben

10. Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 St Washington St

Remarks, _____

8940000134

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 8-25-38
RETURN OF A BIRTH. 53299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Caroline Amelia Seiland
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *girl*
1. Sex, (state whether male or female) *White*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Jan. 9/94*
4. Place of Birth, (Street and Number) *133 N. Bradford str.*
5. Full Name of Mother, *Mary Seiland*
6. Mother's Maiden Name, *Covring*
7. Mother's Birthplace, *Norway*
8. Full Name of Father, *Jacob Seiland, Ole J.*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Norway*
Name of Medical Attendant, or other person who makes this Return, *Mrs. Deisenhofer*
Address, *2225 Gough str.*
Remarks,

8940000135

third day of each and every month to the clerk of the Board of Health, or should no other person be in the city at that time, to the physician or practitioner of midwifery, or should no other person be in the city at that time, to the midwife, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time provided in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 9. January 1894.
4. Place of Birth, (Street and Number) 1242 Canton Street
5. Full Name of Mother, Mrs. Lina Sujalska.
6. Mother's Maiden Name, ~~Ida~~ Bernasch
7. Mother's Birthplace, Germany
8. Full Name of Father, Mrs. Elise Sujalska
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Dr. J. L. Lissmann
Address, 1225 Hall Street
Remarks,

2940000136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10. *Father's Birthplace.*

Remarks.

94000137

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, in case the birth of any child should occur upon the premises of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance upon the mother, immediately thereafter, to report the birth of such child to the Registrar of Vital Statistics, in the manner provided by the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first Child.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Jan. 9/1894

4. Place of Birth. (Street and Number)

1102 Patapsco St.

5. Full Name of Mother,

Mrs. Carrie Lamb Pearson.

6. Mother's Maiden Name,

Miss Carrie Pink

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Reverend Lamb Pearson.

9. Father's Occupation,

Min. of Spirit Metal & Cornice maker

10. Father's Birthplace,

Charleston, Kent county Md.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

5940000138

shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, the mother shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Child lived 5 years

5940000139

Every day or each and every month, or at such other intervals as the Board of Health may determine, the Registrar of Vital Statistics shall attend upon the mother, immediately thereafter it shall become the duty of the Registrar to report to the Board of Health, in the manner and within the period above prescribed, the birth of each child born in the city of Baltimore, and to cause to be recorded in the books provided for that purpose, the name, sex, race, color, date of birth, place of birth, full name of mother, mother's maiden name, mother's birthplace, full name of father, father's occupation, father's birthplace, name of medical attendant, or other person who makes this return, address, and such other particulars as may be required by the Board of Health. Any person who neglects to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, White Month of January
4. Place of Birth, (Street and Number) H 23 Pratt st 1894
5. Full Name of Mother, Rosie Black
6. Mother's Maiden Name, Rosie Levin
7. Mother's Birthplace, Germany
8. Full Name of Father, Morris Black
9. Father's Occupation, Sailor
10. Father's Birthplace, England
Name of Medical Attendant, or other person who makes this return, Susan Hester
Address, 23rd Pratt Street
Remarks, _____

18940000140

any day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur in the residence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the physician or practitioner of midwifery, or the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *1st Jan*
4. Place of Birth, (Street and Number) *534 East St*
5. Full Name of Mother, *Bridget Mahony*
6. Mother's Maiden Name, *Bridget Mahony*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *William Fitzpatrick*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other person who makes this return, *Mrs. P. G. G. G. G. G.*
- Address, *No 366 N. 2nd St.*
- Remarks, _____

8940000141

33306
Sex, White No. of Child of Mother, 5
Race or Color, Female
Date, Jan 10, 1894
Place of Birth, 2602 Bruce Terrace
Full Name of Mother, Sophia Etzel
Mother's Maiden Name, Sophia Franklin
Mother's Birthplace, Baltimore
Full Name of Father, Charles Etzel
Father's Occupation, Letter Carrier
Father's Birthplace, Baltimore
Mrs G. Frankstide
858 N. Fulton Avenue
NAME ADDED 6-24-53
Charles E. A. Etzel
9 9 4 0 0 0 0 1 4 2

and as such shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall occur without the other, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and any such person or persons who shall hereafter be found guilty of neglecting to do so shall be liable to a fine not exceeding ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-28-55
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George August Aaron

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan the 10 1894

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Fannie E. Aaron

6. Mother's Maiden Name, Fullerton

7. Mother's Birthplace, City

8. Full Name of Father, H. A. Aaron

9. Father's Occupation, Builder

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, M. A. L. L. L.

Address, 1004 West Lexington St.

Remarks,

18940000143

8940000148

CORRECTION

The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 22
(4-1-54)
Hall of Records Commission

Each Return shall be signed by the practitioner in the form of a certificate between the first and second lines, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or parent of such child shall report to the office of the Commissioner of Health, in the manner and within the period above required, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 7-28-55
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George August Aaron
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Jan the 10th 1894*

4. Place of Birth, (Street and Number) *208 N. Green St*

5. Full Name of Mother, *James E. Aaron*

6. Mother's Maiden Name, *Sutterding*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Henry Aaron*

9. Father's Occupation, *Builder*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other person who makes this Return, *M. A. Liller*

Address, *1004 N. 1st St. Baltimore, Md.*

Remarks, *18940000143*

live any of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother shall become the duty of the person or persons of such character as shall be designated by the Commissioner of Health, in the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 January 1894

4. Place of Birth, (Street and Number) 1417 Lancaster St

5. Full Name of Mother, Ellen Rhisholm

6. Mother's Maiden Name, Ellen Fitzgibbon

7. Mother's Birthplace, Baltimore M. D.

8. Full Name of Father, Daniel Rhisholm

9. Father's Occupation, Carpenter

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 St Washington St

Remarks, 1894 0000144

to be returned to the Registrar of Vital Statistics, Board of Health, Baltimore City, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the birth, the mother, or the parent or parents of such child, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable, and the Registrar of Vital Statistics, Board of Health, Baltimore City, shall be authorized to collect the same.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return

Address

Remarks

1894 0 000 145

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the County Commissioner, within the period above required, and to file a true and correct copy of this Return with the County Commissioner, and to pay the fee thereon, and to be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th of January 94
4. Place of Birth, (Street and Number) 222 Chicago St
5. Full Name of Mother, Johana Arnold
6. Mother's Maiden Name, Johana Weisenfelder
7. Mother's Birthplace, Germany
8. Full Name of Father, Friedrich Arnold
9. Father's Occupation, Business
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Friederike Kewler Midwife
Address, 2116 West Pratt St
Remarks, 189400000146

shall occur without the attendance of a physician or practitioner of midwifery, or shall occur at a time when no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending, to report the birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Jan 11 - 94
4. Place of Birth, (Street and Number) 1146 N. Chester
5. Full Name of Mother, Emily F. Bell
6. Mother's Maiden Name, " " Bradley
7. Mother's Birthplace, Balto
8. Full Name of Father, Samuel F. K. J. Bell
9. Father's Occupation, Fireman
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, How Mary W. Carroll
- Address, 1 1438 N. Bond St
- Remarks, _____

1894 0000147

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and if such person or persons fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH.

53311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 10. - 94

4. Place of Birth, (Street and Number)

622 W Lombard St.

5. Full Name of Mother,

Hattie Rhoads

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Charles Rhoads

Name of Medical Attendant, (other person who makes this Return,

Address,

622 W Lombard St.

Remarks,

1894 0000 148

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereunto, in the manner and within the period above required, and child to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and pay a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 January 1894
4. Place of Birth, (Street and Number) 2000 Stanton St
5. Full Name of Mother, Mary Bushman
6. Mother's Maiden Name, Mary Barton
7. Mother's Birthplace, Baltimore M.D.
8. Full Name of Father, George Bushman
9. Father's Occupation, Wood Kaver
10. Father's Birthplace, Baltimore M.D.
- Name of Medical Attendant, or other person who makes this Return, Ellen Smith
- Address, 504 St Washington St
- Remarks, _____

8940000149

RETURN OF A BIRTH. 53314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of medicine, in case the birth of any child shall attend upon the mother, immediately after the delivery of the person or persons of such child to report same to the Commissioner of Health, in the manner and within the period above required, and no person or persons who shall herein fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

2 one.

Male

White

Jan'y 11th - 1894

603 Hannover st.

Lena Gueth

Rehm

Balto.

Wm. H. Guerth

Paper Hanger

Battle

R. C. Lee

Hammer St.

1 8 9 4 0 0 0 0 1 5 0

attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class to report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten per dollar for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 11, 1894
4. Place of Birth, (Street and Number) 233 Hickory av. Baltimore
5. Full Name of Mother, Eliza Thomas
6. Mother's Maiden Name, Eliza Young
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, James Thomas
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore County
- Name of Medical Attendant, or other person who makes this Return, Martha King
- Address, 545 Hickory av. Hampden
- Remarks, Baltimore Md

RETURN OF A BIRTH. 63316 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 11, 1894.

4. Place of Birth, (Street and Number) 525 14th Ave.

5. Full Name of Mother, Magdalene Rose Carroll.

6. Mother's Maiden Name, Heuselt.

7. Mother's Birthplace, Prussia.

8. Full Name of Father, Charles Carroll.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Ra.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut Ave.

Remarks, 8940000152

attendance upon the mother, or person who makes this return, or any other person be in any such person or persons who shall hereafter be liable to the provisions of this act shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 11/04

4. Place of Birth, (Street and Number) 632 S. Broadway

5. Full Name of Mother, Carolina Klamburg

6. Mother's Maiden Name, Hofmeister

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Klamburg

9. Father's Occupation, Plumber

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenhofer

Address, 2225 Gough St.

Remarks,

8940000153

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately prior to, or at the time of, the birth of the child, the physician or practitioner of midwifery, or other person who shall become the duty of the mother to report the birth of the child to the Registrar of Vital Statistics, in the manner and at the time prescribed in the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-11-56
RETURN OF A BIRTH: 53318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Adelaide Anna Hohnenthal

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) F

2. Race or Color, (if not of the white race) W

3. Date of Birth, Jan 11 1894

4. Place of Birth, (Street and Number) 2326 Bay View St. Canton

5. Full Name of Mother, Annie J. Hohnenthal

6. Mother's Maiden Name, Holy Shnar

7. Mother's Birthplace, Europe

8. Full Name of Father, Ernest J. Hohnenthal

9. Father's Occupation, Machineist

10. Father's Birthplace, Europe

Name of Medical Attendant, M. D. Geddy

Address, 1004 West Lexington

Remarks,

18940000154

53319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. *Date of Birth*, June. 11. 77

4. *Place of Birth, (Street and Number)*-----1349 Union St.

5. Full Name of Mother, Mary Agnes Delaney

6. Mother's Maiden Name, Mary Annine Holroyd

7. Mother's Birthplace, Washington

8. Full Name of Father, John W. Smith

9. Father's Occupation Carpenter

10. *Father's Birthplace,* St. Louis, Mo.

Name of Medical Attendant, or other person who makes this Return, Lena Miller

Address,

Remarks, _____

1 8 9 4 0 0 0 0 1 5 5

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the officer of the Lowry, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons attending upon the mother, immediately thereafter, to the mother and with the period above required, to be substituted to report the birth to the proper authorities, and with the provisions of this section shall be subject to the same penalties as are provided for in the provisions of this section, and forfeitures are recoverable, for any such person or persons attending upon the mother, for each offence, to be recovered no other fines and forfeitures are recoverable, except to the fine of ten (10) dollars for each offence.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

8 9 4 0 0 0 0 1 5 6

53321

Baltimore City.

1st

Female

W. White

have 12

232 N. Fremont Ave.

Ernie Smith

.. .. Cording

Baltimore Md

Charles Smith

Real Estate Agent

Baltimore Md

Mrs Maria Graf

226 H. Schroder St

8 4 0 0 0 0 1 5 7

shall occur without the attendance of a physician or practitioner of medicine, or the attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Registrar of Vital Statistics, Baltimore City, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-18-39
RETURN OF A BIRTH.

3322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Mc Kinney
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 12, 1894*
4. Place of Birth, (Street and Number) *521 W. Biddle Street*
5. Full Name of Mother, *Sarah A. McKinney*
6. Mother's Maiden Name, *W. F. Allen*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *James McKinney*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Baltimore City*
Name of Medical Attendant, or other person who makes this Return, *Mary Newell*
Address, *1106 McCall Street*
Remarks,

18940000158

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the parent or parents thereof shall become the duty of the person or persons of such child to report its birth to the Commissioner of the Department of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 12/94

4. Place of Birth, (Street and Number) 529 W. Wolf Str.

5. Full Name of Mother, Maggie Riekert

6. Mother's Maiden Name, Beck

7. Mother's Birthplace, Balt.

8. Full Name of Father, Joseph Riekert

9. Father's Occupation, Paperhanger

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Mrs. Reichenhofer

Address, 2225 Gough Str.

Remarks, _____

18940000159

RETURN OF A BIRTH. 53324
 Statistics Board of Health, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

24

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 Is the child male or female? Male

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) 12 d. 1894

3. Date of Birth, 1 Aug 34 Harford
 (Street and Number) 14

4. Place of Birth. (Street and Number) Catharine, Koke

5. Full Name of Mother, Catherine Lang

5. Full Name of Mother, Catherine

6. Mother's Maiden Name, Baker

6. Mother's Maiden Name, Belle O'Neil
7. Mother's Birthplace, Albert F. Roke

7. Mother's Birthplace, _____
8. Full Name of Father, Albert V. No.

8. Full Name of Father, Proctor
 9. Father's Occupation, Bank Clk

9. Father's Occupation..... *Banker* *Ch*
 10. Mother's Birthplace..... *Ch*

10. Father's Birthplace, _____, or other person who makes this Return, _____

Name of Medical Attendant, _____ or Unit _____ makes this Return, 222

Address,

Address, _____

Remarks, _____

Remarks.

[illegible]

CORRECTION

The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.

STATE OF MARYLAND

HR-EM 22
(4-1-64)
Hall of Records Commission

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 12th 1894

4. Place of Birth, (Street and Number) 344 Harford Ave extended

5. Full Name of Mother, Catherine Koke

6. Mother's Maiden Name, Catherine Lang

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Albert F. Koke

9. Father's Occupation, Wrecker

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, J. Miller, M.D.
or other person who makes this Return.

Address, 222 N. Monmouth St.

Remarks, 8940000160

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately after the birth of the child, or the person or persons of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and the child to report its birth to the Registrar of Vital Statistics, and if it be found that the mother or the person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offence, and if the mother or the person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offence.

any person who shall neglect to attend to the duty of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12 Jan.

4. Place of Birth, (Street and Number)

120 St. Charles

5. Full Name of Mother,

Mary J. Langth

6. Mother's Maiden Name,

Mary J. Hagan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. H. Langth

9. Father's Occupation,

Fruit Buyer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mary A. Pertner

Address,

Remarks,

1 8 9 4 0 0 0 0 1 6 1

shall secure against the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

12th Jan 1894

4. Place of Birth, (Street and Number)

1281 Williams St

5. Full Name of Mother,

V

6. Mother's Maiden Name,

Rosa Weber Rosa Anderson

7. Mother's Birthplace,

Balto Ind

8. Full Name of Father,

William J. Weber

9. Father's Occupation

Laborer

10. Father's Birthplace,

Washington D.C.

Name of Medical Attendant,

or other person who makes this Return,

Dr. Elizabeth Jewell

Address,

436 E. Hart Ave Balto Ind

Remarks,

8940000162

Heard. The schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifteenth day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, for the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to be fined to the sum of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 17 1896

4. Place of Birth, (Street and Number) 715 E. Chase St.

5. Full Name of Mother, Annie McComb

6. Mother's Maiden Name, Annie Mc Donnell

7. Mother's Birthplace, Maryland

8. Full Name of Father, Samuel W. McComb

9. Father's Occupation, Salesman

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, H. Robinson

Address, 726 E. Houston St.

Remarks,

18940000163

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Registrar of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report to birth to the Commissioner of Health, in the same manner as the practitioner, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 12 - 1894
4. Place of Birth, (Street and Number) 1212 Eastern Ave.
5. Full Name of Mother, Minne Kropp
6. Mother's Maiden Name, Retlauf
7. Mother's Birthplace, Germany
8. Full Name of Father, August Kropp
9. Father's Occupation, Upolsterer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Mary Stein
- Address, 1427 E. Pratt St.
- Remarks, _____

1 8 9 4 0 0 0 0 1 6 4

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any, shall have been conferred), its sex, color, the full name and occupation of its parent, and the date of its birth, and shall be delivered to the Office of the Commissioner of Health, in the form of a certificate between the first and second of the month following the birth of the child, and shall be retained by the Commissioner of Health, and shall be subject to the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ³ _____

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Jan 12/94

4. Place of Birth, (Street and Number) 2624 Eastern Ave

5. Full Name of Mother, Maggie Cunningham

6. Mother's Maiden Name, Wachter

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Cunningham

9. Father's Occupation, laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Mallard St

Remarks, _____

8 4 4 0 0 0 1 6 5

Health. This section shall contain a list of the births which have occurred and each child shall be entered during the month, and shall set forth as far as the same can be ascertained, the name of the child, the date and place of birth; and the best person to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the person or persons who shall be required, and each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 53332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 12th

4. Place of Birth, (Street and Number) # 346 E. 24th St

5. Full Name of Mother, Christina Dowd

6. Mother's Maiden Name, Peach

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Dowd

9. Father's Occupation, Carriage Trimmer

10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return. Mary E. Gibbs

Address, # 788 W. 11th St

Remarks, 914 E. 11th St

18940000188

been conferred) his sex, color, the full name and occupation of its parents, the time, place and place of birth, and the date of birth, and every month to the office of the Commissioner of Health. In case the birth of a child shall occur within the jurisdiction of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter the mother shall report to the Commissioner of Health, in the manner and with the provisions of this section, the person or persons who shall hereafter fail to comply with the provisions of this section, and be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 January 1894
4. Place of Birth, (Street and Number) 253 E. Gayburg St
5. Full Name of Mother, Mary Klein
6. Mother's Maiden Name, Mary Hall
7. Mother's Birthplace, Betta
8. Full Name of Father, Luc Klein
9. Father's Occupation, Copper Smith
10. Father's Birthplace, Betta
Name of Medical Attendant, or other person who makes this Return, Mrs E. L. Brooks
Address, 1229 Light St
Remarks, Living Well

18940000169

RETURN OF A BIRTH. 53334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person who neglects to report the birth of a child, or who reports the birth of a child with false information, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 13/24

4. Place of Birth, (Street and Number) 1318 E. Lombard str.

5. Full Name of Mother, Barbara Bluthkamp

6. Mother's Maiden Name, Thieme

7. Mother's Birthplace, Balto.

8. Full Name of Father, Valentine Bluthkamp

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Reichenhofer

Address, 2225 Gough str.

Remarks, 18940000170

month, in which act forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of every month to the Commissioner of Health. In case the birth of any child shall occur on the first day of the month, the practitioner shall report the birth of the child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH..53336-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

6740000171

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the practitioner in the form of a certificate between the first and third day of the month following the birth of the child, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the name of the person or persons attending upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to report its birth to the Commissioner of Health, in the manner and within the period above required, and any failure to do so shall be deemed an offence, and the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 5338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Myrtle Elizabeth Dash

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third child*

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth. *13th of January 1894*
4. Place of Birth, (Street and Number) *411 S. Monroe St - Baltimore MD*
5. Full Name of Mother, *Emeline Reese Dash*
6. Mother's Maiden Name, *Emeline Reese Miller*
7. Mother's Birthplace, *Baltimore MD*
8. Full Name of Father, *Charles Henry Dash*
9. Father's Occupation, *Stationary Engineer*
10. Father's Birthplace, *Baltimore MD*
- Name of Medical Attendant, or other person who makes this Return, *Bessie Lindner*
- Address, *411 S. Monroe St.*
- Remarks, **GIVEN NAME ADDED. 6-1-53**
- 894407010174*

RETURN OF A BIRTH. 53341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

Name of Medical Attendant *Dr. J. H. Smith* or other person who makes this Return. *Dr. J. H. Smith*

or other person who
makes this Return.

8 9 4 0 0 0 0 1 7 7

month, and shall set forth as far as the same can be ascertained, the full name of each child, of any child have been conferred) its sex, color, the date and place of birth; and the occupation of the parents, the first and last names of each, and every month thereafter until the child or children are one year old. In case no other person be in attendance upon the mother, immediately after the duty of the physician or practitioner of health, he shall comply with the provisions of this section, shall be subject to the fine of ten dollars if he fail to comply with the provisions of this section, shall be liable to recoverable costs, and shall be guilty of a misdemeanor.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on a day when the office of the Commissioner of Health is closed, the birth shall be reported to the office of the Commissioner of Health, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and the person or persons so shall hereafter not comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 13/94

4. Place of Birth, (Street and Number) 104 N. Wolf str.

5. Full Name of Mother, Kathie Bittner

6. Mother's Maiden Name, Vickensher

7. Mother's Birthplace, Germany

8. Full Name of Father, John Bittner

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Semmler

Address, 2225 Gough str

Remarks, 8940000179

RETURN OF A BIRTH. 53344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 1 8 0

name, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred. In sex, color, the full name can be ascertained the date and place of birth, and the third name shall be delivered, only signed by the practitioner in the form of a certificate, and the third name shall not be delivered until the first month to the office of the Commissioner of Health, and the attendance upon the mother, immediately thereafter, if the person or persons of such child are in any such manner, or otherwise, liable to be covered by the provisions of this section, shall not be deducted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53346

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9th
Male

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

3. Date of Birth

Jan 14th 1894

4. Place of Birth (Street and Number)

310 Fulton Ave.

5. Full Name of Mother

Florence Friend

6. Mother's Maiden Name

Florence Keener

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Charles Friend

9. Father's Occupation

Stationer

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who
makes this Return.

J. R. Cooper M.D.

Address

661 W. Fayette St.

Remarks

1 8 9 4 0 0 0 1 8 2

any person who shall deliver a child, or who shall have been conferred his sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person be present at the birth of such child, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-15-53
RETURN OF A BIRTH. 53348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harold Kleiber ~~son of~~ Dell.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940000184

month, and shall set forth as far as the name can be ascertained, the full name and sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and third day of each month, immediately after the birth of the child, and the attendance upon the mother, immediately after the birth of the child, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Jan 11 '24

4. Place of Birth, (Street and Number) 2843 E. Gay St

5. Full Name of Mother, Anna Kelly

6. Mother's Maiden Name, " Clinton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John A. Kelly

9. Father's Occupation, Book Binder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1625 Walker St

Remarks, _____

8940000187

months, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred in accordance with the provisions of this section, shall be recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 84
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Jan 14 1894
4. Place of Birth, (Street and Number) 100 E 23rd St
5. Full Name of Mother, Emma M. Ban
6. Mother's Maiden Name, Marquardt
7. Mother's Birthplace, Balto
8. Full Name of Father, Christian Ban
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Mrs Julia Green
- Address, 944 N Gay St
- Remarks, _____

8440000188

53353

timore City.

8. 12. 18

C. Female

W. L. G.

14th January 1894

Ernst von Wolzogen

Mary Ellen Carter

Mary Ellen Anderson

10/1/12

Putzschke, Ludwig

g. 2/2

C. L. Martin

Chas. C. Brooks

It It

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[illegible]

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, or if the Commissioner of Health shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to cause the same to be made in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to be fined to the sum of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race).....

3. Date of Birth.....

Jan. 14 - 1894

4. Place of Birth, (Street and Number).....

243 S. Caroline St.

5. Full Name of Mother,.....

Lena Lodring

6. Mother's Maiden Name,.....

Grimrich

7. Mother's Birthplace,.....

Baltimore

8. Full Name of Father,.....

Nick. M. Lodring

9. Father's Occupation.....

Sailor

10. Father's Birthplace,.....

Sweden

Name of Medical Attendant, or other person who makes this return.

Mary Stein

Address,.....

1427 E. Pratt St.

Remarks,.....

1 8 9 4 0 0 0 0 1 9 0

RETURN OF A BIRTH 58355

RETURN OF A DEATH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clodus Kolbe

ad

Name - Helen Gladys Kolbe
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)
2. Race or color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Father's Birthplace, _____
Name of Medical Attendant, _____ or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 0 1 9 1

been conferred license, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or other person in charge of the child shall deliver to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 14/1894
4. Place of Birth, (Street and Number) 1426 McCulloch St
5. Full Name of Mother, Elizabeth McCullough
6. Mother's Maiden Name, Batterson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William J. McCullough
9. Father's Occupation, Merchant
10. Father's Birthplace, Brooklyn N. Y.
Name of Medical Attendant, or other person who makes this Return, J. Harvey Hill M.D.
Address, 807 N. Arlington Ave
Remarks, _____

18940000192

RETURN OF A BIRTH. 53357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 vii

Female

1. Sex, (State whether male or female)

white -

2. Race or color, (if not of the white race)

Jan. 14. 1894

3. *Date of Birth,*

503 W. Mulberry

4. Place of Birth, (Street and Number)

Alice Miller

5. Full Name of Mother,

Dehoff

6. *Mother's Maiden Name,*

Carroll Co. Ind.

7. *Mother's Birthplace,*

George E. Miller

8. *Full Name of Father,*

Baltimore Md

9. *Father's Occupation,*

~~Carpentier~~

10. *Father's Birthplace,*

Alfred Waustat

Name of Medical Attendant, or other person who makes this Return.

921 Cathedral St

Address,

Remarks,

1 8 9 4 0 0 0 0 1 9 3

RETURN OF A BIRTH. 5335-9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

d. Full Name of Mother.

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

S. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes the Report

Address.

Remarks,

8 9 4 0 0 0 0 1 9 5

[illegible]

RETURN OF A BIRTH. 53360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth child.
1. Sex, (state whether male or female). Male.
2. Race or Color, (if not of the white race). White race.
3. Date of Birth. 14th January 1874.
4. Place of Birth, (Street and Number). 1326 Belbrook St. Baltimore Md.
5. Full Name of Mother, Anna Marchstiner.
6. Mother's Maiden Name, Anna Tretthar.
7. Mother's Birthplace. Exenbach
8. Full Name of Father, Friedrich Marchstiner.
9. Father's Occupation. Carpenter.
10. Father's Birthplace. Exenbach

Name of Medical Attendant, or other person who makes this Return, Wm. Woodin

Address,

Remarks, Return this card to the U.S. Fish and Wildlife Service, Department of the Interior, Washington, D.C. 20540. If you are a State or Federal agency, please return this card to the appropriate agency.

8-9-4000000-1-96

RETURN OF A BIRTH. 53363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Otto Marke
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..

2. Race or Color, (if not of the white race).

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

8 7 4 0 0 0 0 1 9 9

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth. (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8.940000201

RETURN OF A BIRTH. 53366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan. 15, 1894*

4. Place of Birth, (Street and Number) *1017 Monroe St*

5. Full Name of Mother, *Clara Anderson*

6. Mother's Maiden Name, *Clara Peck*

7. Mother's Birthplace, *Easton, Schore*

8. Full Name of Father, *John Anderson*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Easton Schore*

Name of Medical Attendant, or other person who makes this Return, *Dr. R. Gacken*

Address, *213 E. North St*

Remarks, *Living Well*

8940000202

been conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the said child, in the form of a certificate between the first and third day of each and every month to the office of the Registrar, and the parent or person who shall cause the birth of any child to be recorded, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940000203

from the date of birth to the date of the same can be ascertained by the full name of each child, (if any shall have been conferred, in her color, the date and place of birth, and the said schedule shall be delivered, duly signed by the mother, on the third day of each and every month to the office of the Commissioner of Health. In case the mother, immediately after the birth of her child, shall fail to give the attendance of a physician or practitioner of midwifery, or should so other person be in attendance upon her, it shall become the duty of the person or persons of such child, to immediately report the birth of the child to the office of the Commissioner of Health, and if any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940000204

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report the birth of such child to the Registrar of Vital Statistics, Baltimore City, and any person who shall fail to comply with this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

White

3. Date of Birth.

Jan'y 15. 1894

4. Place of Birth, (Street and Number).

1231 Chasmon Ave

5. Full Name of Mother,

Aunie Margaret Bechtel

6. Mother's Maiden Name.

Holmes

7. Mother's Birthplace.

Baltimore

8. Full Name of Father,

James Giffen Bechtel

9. Father's Occupation.

Electro Silver Plater

10. Father's Birthplace.

Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return.

Mrs Sarah Wooden

Address.

Chasmon Ave near Eager St

Remarks.

844000205

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the attending physician or midwife, to the Registrar of Births and Deaths, within the third day of each and every month in which the birth of any child shall occur, and the Registrar of Births and Deaths shall cause the same to be entered in the register, and shall cause the mother to report its birth to the Commissioner of Health, or to the Registrar of Births and Deaths, within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10 child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan. 15/24 Baltimore*

4. Place of Birth, (Street and Number) *# 18 E. York Street*

5. Full Name of Mother, *Annie Rosenstine*

6. Mother's Maiden Name, *Russia*

7. Mother's Birthplace, *Benson Rosenstine*

8. Full Name of Father, *Tailor*

9. Father's Occupation, *Russia*

10. Father's Birthplace, *Mrs. Lena Barber*

Name of Medical Attendant, or other person who makes this Return, *#44 E York Street Balt.*

Address, *Remarks,*

8940000206

RETURN OF A BIRTH. 633 7/

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 2 0 7

months, and the fee for this return shall be ten dollars for each office, to be recovered in other areas and foreign areas are recoverable.

RETURN OF A BIRTH 53372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan'y 15th 1894*

4. Place of Birth, (Street and Number) *#815 N. Frank St*

5. Full Name of Mother, *Margaret O'Dea*

6. Mother's Maiden Name, *" Daley*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Michael O'Dea*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other person who makes this Return, *Dr. Bennett M. D.*

Address, *#1025 N. Caroline St*

Remarks,

18940000208

RETURN OF A BIRTH. 53373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 16 1894

4. Place of Birth, (Street and Number) 831 Calvert road

5. Full Name of Mother, Caroline Dobbin

6. Mother's Maiden Name, Burgoy

7. Mother's Birthplace, Balt Co

8. Full Name of Father, John Dobbin

9. Father's Occupation, Motorman

10. Father's Birthplace, Balt

Name of Medical Attendant, M. H. Carter or other person who makes this Return.

Address, 1800 W. Balt St

Remarks, 8940000209

been conferred the sex, color, the full name of the mother, the full name of the father, the date and place of birth, and the full name of the child, shall be entered in the register of births, and the full name of the child shall be entered in the register of deaths. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other persons be in attendance upon the mother, immediately thereafter the person or persons who shall become the duty of the person or persons of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 1. - Any child born in this city, the name of the parents, the date and place of birth, and the sex of the child, shall be reported to the Commissioner of Health, in the form of a certificate between the first and third day of the month in which the child is born, by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, or at such other time as the Commissioner may require, and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 January 1899
4. Place of Birth, (Street and Number) 1722 Lancaster St
5. Full Name of Mother, Maggie Brill
6. Mother's Maiden Name, Maggie Schatten
7. Mother's Birthplace, Baltimore M.D.
8. Full Name of Father, Peter A Brill
9. Father's Occupation, Carben
10. Father's Birthplace, Baltimore M.D.
Name of Medical Attendant, or other person who makes this Return, Edwin Smith
Address, 504 St Washington St
Remarks, _____

8940000210

any child born in the city of Baltimore, the full name and color of the child, the date of birth, the name of the mother, the name of the father, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person in attendance upon the mother to report the birth of the child to the Commissioner of Health, or to the Registrar of Vital Statistics, within the period above required, and any such person or persons failing to do so shall be liable to a fine of not less than ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 16 - 94*
4. Place of Birth, (Street and Number) *613, W. Hamburg*
5. Full Name of Mother, *Elizabeth E. Davis*
6. Mother's Maiden Name, *Smith*
7. Mother's Birthplace, *Balto. Md.*
8. Full Name of Father, *George W. Davis*
9. Father's Occupation *Teamman B & O Round House*
10. Father's Birthplace, *Balto. Md.*
- Name of Medical Attendant, or other person who makes this Return, *Thos M. Lempkin*
- Address, *412 St. Paca, St.*
- Remarks, _____

8940000211

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the child is born to a married person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who fail to do so shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16th
4. Place of Birth, (Street and Number) 1121 Woodlawn St
5. Full Name of Mother, Sadie E. Sanders
6. Mother's Maiden Name, Rowley
7. Mother's Birthplace, Balto city
8. Full Name of Father, Robert Fulton Sanders
9. Father's Occupation, paper Hanger
10. Father's Birthplace, Balto city
Name of Medical Attendant, or other person who makes this Return, W. S. L. Lumpkin M.D.
Address, 1103 N. Calhoun St.
Remarks,

8940000212

RETURN OF A BIRTH. 53377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 16 - 94

3. Date of Birth, Jan 16-74
4. Place of Birth, (Street and Number) 449 Blissland St.
Baths

4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, Carrie Butts
Hudson

5. Full Name of Mother, James Hudson
6. Mother's Maiden Name, Bella Ind.

6. Mother's Maiden Name, Balto Ind
7. Mother's Birthplace, Chambers

7. Mother's Birthplace, Massachusetts
8. Full Name of Father, Clarence Butts

8. Full Name of Father, William
9. Father's Occupation Labourer

9. Father's Occupation Student
10. Father's Birthplace, Virginia
or other person who Th...

10. Father's Birthplace, _____
Name of Medical Attendant, _____ or other person who makes this Return, _____

Name of Medical Attendant, _____ makes this Return, _____
Address, 412 S. Peach St.

Address, 412 sp. Vachon

Remarks,

8940000213

Wm. J. C. Dulany Co., City Printers and Stationers.

and corrected in accordance with the laws of the State of Maryland. All names and occupations of the parents, the date and place of birth, and the date and place of delivery, shall be entered in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the mother or the father shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 16 - 1894*
4. Place of Birth, (Street and Number) *310 Richmond St.*
5. Full Name of Mother, *Maggie Sehoff*
6. Mother's Maiden Name, *Dunsch*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *August J. Sehoff*
9. Father's Occupation, *Baker & Confectioner*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *John Seff M.D.*
- Address, *York Hamilton Ave*
- Remarks,

8940000214

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Registrar of Vital Statistics, or to a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health of the city, who shall be held responsible for the accuracy of the report, and the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 18
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 16/94
4. Place of Birth, (Street and Number) 415 S. Collington Ave
5. Full Name of Mother, Elizabeth Wolf
6. Mother's Maiden Name, Schaeffer
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Wolf
9. Father's Occupation, Stenographer
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Mrs. Neisenhofer
Address, 2225 Gough str.
Remarks, 8940000215

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 7th 1893

4. Place of Birth, (Street and Number) - 114 N. Lashane St.

5. Full Name of Mother, Annie G. Gifford

6. *Mother's Maiden Name,*

7. Mother's Birthplace,..... The arm and

8. Full Name of Father, John Benjamin

9. Father's Occupation.....

10. Father's Birthplace, *Heath, Mass.*

Name of Medical Attendant, or other person who makes this Return, Alfred J. [illegible]

Address, 205 N Washington St

Remarks,	8	9	4	0	0	0	0	2	1	6
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been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place where it shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the assistance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending to report its birth to the Commissioner of Health. In the manner and within the period of time specified herein, such reports shall be submitted to the Commissioner of Health, and the same shall be subject to inspection and audit by him, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered by other means and forfeitures are recoverable.

RETURN OF A BIRTH.

53382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name, full occupation of its parents, the date and place of birth, and the said certificate shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, in the said office, and shall be retained in the said office for a period of one year, and shall be subject to the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th of January
4. Place of Birth, (Street and Number) 202 Chester St.
5. Full Name of Mother, Robert Ruttner
6. Mother's Maiden Name, Deid
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Wm. Ruttner
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Bavaria
- Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss
- Address, 2522 Lancaster St.
- Remarks, _____

8940000217

53384

any such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month. In cases where the mother or parent of any child is in the military service of the United States, the certificate shall be delivered to the office of the Commissioner of Health. In cases where the mother or parent of any child shall occur with the evidence of a physician or practitioner of Health, it shall become the duty of the person or persons who shall be notified to report to the mother, immediately thereafter it shall become the duty of the person or persons who shall be notified to report to the Commissioner of Health, in compliance with the provisions of this section shall be subject to the payment of a fine of not less than ten dollars and not more than fifty dollars for each offense, and the forfeitures are recoverable, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the payment of a fine of not less than ten dollars and not more than fifty dollars for each offense, and the forfeitures are recoverable.

Wm. H. H. H.

1 8 9 4 0 0 0 0 2 1 9

any person or persons who shall fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 2 2 0

RETURN OF A BIRTH. 53386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth*
 1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *colored*
 3. Date of Birth, *January 16th 1894*
 4. Place of Birth, (Street and Number) *917 Morris St*
 5. Full Name of Mother, *Clara Martha Thomas*
 6. Mother's Maiden Name, *Clara Martha Scott*
 7. Mother's Birthplace, *Blanchester, Va.*
 8. Full Name of Father, *William Nelson Thomas*
 9. Father's Occupation, *fireman*
 10. Father's Birthplace, *Kentucky*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Annie Murray*
 Address, *1412 Jefferson St*
 Remarks, *8940000221*

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the child's pedigree shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of every month to the clerk of the commonwealth of health. In case the birth of any child shall occur without the usual attendance of a practitioner, the parents or persons having the custody of the child shall appear before the clerk of the commonwealth of health, or the clerk of the town or city, and give the usual attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons so appearing to report to the clerk of the commonwealth of health, in the manner and within the period above required, that any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ellen Sanders

1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... 16 January 1874
4. Place of Birth, (Street and Number)..... 40 Loughmans Lane
5. Full Name of Mother,..... Katie Lander
6. Mother's Maiden Name,..... Kitten Murphy
7. Mother's Birthplace,..... Ireland
8. Full Name of Father,..... William Lander
9. Father's Occupation..... Plumber
10. Father's Birthplace,..... Richmond

Name of Medical Attendant, or other person who makes this Return, C. H. B. G. F. Drakes

Address. 1828 Light St.

Remarks, *Spring Well*

8 9 4 0 0 0 0 2 2 2

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second months of the child's life, to the Commissioner of Health. In case the birth of any child shall occur within the month of a physician or other person, the duty of the person or persons of such attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such attendance to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH. 53388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 19th Jan 1894
4. Place of Birth, (Street and Number) 1450 Barrett Ave
5. Full Name of Mother, Larry J. Parker
6. Mother's Maiden Name, Chilton
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Jacob J. Parker
9. Father's Occupation, Fireman RR Co
10. Father's Birthplace, Balto Md
- Name of Medical Attendant, or other person who makes this Return, Mrs Elizabeth Jewell
- Address, 436 E. Fort Ave Balto Md
- Remarks,

8 4 0 0 0 2 2 3

RETURN OF A BIRTH. 53389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

8 9 4 0 0 0 0 2 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the date of its birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or to the Registrar of Births, and shall occur without the attendance of a physician, and the practitioner shall be liable to a fine of ten dollars for each child to record its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be deemed to be guilty of an offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Jan. 17 - 1893

4. Place of Birth, (Street and Number) 234 S. Exeter St.

5. Full Name of Mother, Hannah M. Lowe

6. Mother's Maiden Name, Kemealy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas F. Lowe

9. Father's Occupation, Clerk

10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks, _____

1 8 9 4 0 0 0 2 2 7

been conferred in accordance with the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the person or persons of such attendance upon the mother, immediately after the birth of the child, shall be liable to a fine of ten dollars for each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 17 1894
4. Place of Birth, (Street and Number) 1612 Prince's Alley
5. Full Name of Mother, Georgia Tilghman
6. Mother's Maiden Name, Georgia Hawkins
7. Mother's Birthplace, Calvert Co. Md
8. Full Name of Father, John Wesley Tilghman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Calvert Co. Md
- Name of Medical Attendant, or other person who makes this Return, Sarah Rolings
- Address, 1612 Prince's Alley
- Remarks, _____

1 8 9 4 U 0 0 0 2 2 8

birth conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health, within the first and third day of each and every month after the birth of the child, in case the birth of any child is attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present, or the child to report its birth to the Commissioner of Health, in the manner above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 17

4. Place of Birth, (Street and Number) Balta, 203 Cumberland St

5. Full Name of Mother, Susanna Franklin

6. Mother's Maiden Name, Susanna Hall

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, Asbury Franklin

9. Father's Occupation, Wrecking Ship

10. Father's Birthplace, Carroll, Lee Md

Name of Medical Attendant, or other person who makes this Return, Dr. Sarah Hollins

Address, 1610 Vincent Ave

Remarks, 8

1 8 9 4 0 0 0 0 2 2 9

RETURN OF A BIRTH. 53395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d Child*
 Sex, (state whether male or female) *Female*
 Race or Color, (if not of the white race) *White*
 Date of Birth, *January 17, 1894*
 Place of Birth, (Street and Number) *1640 Baiten Ave*
 Full Name of Mother, *Estella Tracy*
 Mother's Maiden Name, *Estella Thompson*
 Mother's Birthplace, *Maryland*
 Full Name of Father, *Charles E Tracy*
 Father's Occupation, *Builder*
 Father's Birthplace, *Maryland*
 Name of Medical Attendant, or other person who makes this Return, *M. R. Wasker*
 Address, *213 E. Heath St*
 Remarks, *Living Well*

8940000230

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of delivery, shall be delivered to the office of the Registrar of Vital Statistics, Baltimore City, within the first and third day of the month following the month in which the birth of any child has occurred. In case the birth of any child is not reported to the office of the Registrar of Vital Statistics, Baltimore City, within the first and third day of the month following the month in which the birth of any child has occurred, the Registrar of Vital Statistics, Baltimore City, shall become the duty of the person so failing to report the birth of any child to the office of the Registrar of Vital Statistics, Baltimore City, to report the birth of any child to the office of the Registrar of Vital Statistics, Baltimore City, within the first and third day of the month following the month in which the birth of any child has occurred. In case the birth of any child is not reported to the office of the Registrar of Vital Statistics, Baltimore City, within the first and third day of the month following the month in which the birth of any child has occurred, the Registrar of Vital Statistics, Baltimore City, shall become the duty of the person so failing to report the birth of any child to the office of the Registrar of Vital Statistics, Baltimore City, to report the birth of any child to the office of the Registrar of Vital Statistics, Baltimore City, within the first and third day of the month following the month in which the birth of any child has occurred.

53396

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

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white race)
 Jan 15 to 1894
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504 Castle St
Mary Marshall

mary Marshall

1890

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George Marshall

Taylor

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205 of Washington St

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Wm. J. C. Dulaney Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color. (if not of the white race)

3. Date of Birth, Jan 17. 1894.

4. Place of Birth, (Street and Number) 1740. Ashland St.

5. Full Name of Mother, Carrie Christopher

6. *Mother's Maiden Name,*

7. Mother's Birthplace, Germany

8. Full Name of Father, John Joseph

9. Father's Occupation..... Self-employed

10. *Father's Birthplace,* Clearmont, N.J.

Name of Medical Attendant, or other person who makes this Return, Alfred Hopkins

Address, 205 N Washington St.

Address, 203 W. Washington
 Remarks, Full given name added by father upon applying for a transcript
 Frank A. Struck Father 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044 1045 1046 1047 1048 1049 1050 1051 1052 1053 1054 1055 1056 1057 1058 1059 1060 1061 1062 1063 1064 1065 1066 1067 1068 1069 1070 1071 1072 1073 1074 1075 1076 1077 1078 1079 1080 1081 1082 1083 1084 1085 1086 1087 1088 1089 1090 1091 1092 1093 1094 1095 1096 1097 1098 1099 1100 1101 1102 1103 1104 1105 1106 1107 1108 1109 1110 1111 1112 1113 1114 1115 1116 1117 1118 1119 1120 1121 1122 1123 1124 1125 1126 1127 1128 1129 1130 1131 1132 1133 1134 1135 1136 1137 1138 1139 1140 1141 1142 1143 1144 1145 1146 1147 1148 1149 1150 1151 1152 1153

April 15-1929

been conceived, its sex, color, the name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons, be it in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and the person or persons failing to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 12th 1892

4. Place of Birth, (Street and Number)

132 N East St

5. Full Name of Mother,

Maggie Boers

6. Mother's Maiden Name,

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

John Boers

9. Father's Occupation,

Taylor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other person who makes this Return.

Mary Ripter

Address,

205 N Washington St

Remarks,

8940000233

been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the date of the birth, and the name and occupation of the mother, in the form of a certificate between the first and third day of each month, to be filed in the office of the Commissioner of Health. In case the birth person be in attendance upon the mother immediately after the birth, in the manner and within the period or parents of such child to report its birth to the Registrar, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color. (if not of the white race) White

3. Date of Birth. Jan 17th 1894.

4. Place of Birth, (Street and Number) 817 N. Charter St.

5. Full Name of Mother, Mary Rady

6. Mother's Maiden Name, Boheman

7. Mother's Birthplace, Boheman

8. Full Name of Father, George Rady

9. Father's Occupation, Jaylor

10. Father's Birthplace, Boheman

Name of Medical Attendant, or other person who makes this Return, Mary Rady

Address, 205 N. Washington St.

Remarks, 8 7 4 0 0 0 2 3 4

and the child shall be delivered, and the physician or practitioner in the form of a certificate between the first and second months of the child's life, to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, and the duty of the person or persons of such child to report to the Commissioner of Health, in the manner and within the period above required, and the provisions of the law in relation to the penalties for non-compliance are recoverable.

RETURN OF A BIRTH. 53400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 15th 1893

4. Place of Birth, (Street and Number) 225 Clifton Road Ave

5. Full Name of Mother, Annie Baker

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joe Baker

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Harry Roberts

Address, 205 N Washington St

Remarks, _____

8940000235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3

Boy
White

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ie. white race) - Jan 1948 1844
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John R. Bada
Bar Harbor

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Henry Kofler

or other person who makes this return.

100-443887-100

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and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the first or third day of any month, the practitioner shall deliver the certificate immediately after the birth of the child to report its birth to the Commissioner of Health, in the manner and within the period above specified. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Georgine Langohr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 17th 1894
4. Place of Birth, (Street and Number) 920 Burgundy St.
5. Full Name of Mother, Mary Langohr
6. Mother's Maiden Name, (Whiner) Weiner
7. Mother's Birthplace, Newark N.J.
8. Full Name of Father, Louis Langohr
9. Father's Occupation, Laborer
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. A. H. Weber M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor.

8 4 4 0 0 0 2 3 9

RETURN OF A BIRTH. 53406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female).... Male

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored

2. Race or Color, (if not of the white race) Latino
3. Date of Birth, January 18-94
1969 Westport

3. Date of Birth, January 18, 1877
4. Place of Birth, (Street and Number) 1369 Whatecat St
Hammond

4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, Mary E Hammond

6. Mother's Maiden Name, *Shankys wife* *Ind*
7. Mother's Birthplace, *Ind* *Union*

7. Mother's Birthplace, Clinton Township
8. Full Name of Father, George Townsend

8. Full Name of Father, Alvin
9. Father's Occupation Horse Trainer

9. Father's Occupation House Painter
10. Father's Birthplace, Washington D C
David R. Bell

Name of Medical Attendant, or other person who makes this Return, Harrah

Name of Medical Attendance, make this return, _____
Address, 1610 Vincent St near 13 Ave

Remarks, _____

8 9 4 0 0 0 0 2 4 1

been covered by its sex, color, the name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered by the practitioner in the form of a certificate between the first and second months after the birth of any child, and shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered at other times and forfeitures are recoverable.

RETURN OF A BIRTH. 53407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 18. 1894

4. Place of Birth, (Street and Number) 2010 Fayette St Court

5. Full Name of Mother, Annie King

6. Mother's Maiden Name, Leary

7. Mother's Birthplace, Leary

8. Full Name of Father, George King

9. Father's Occupation, Cooper

10. Father's Birthplace, Leary

Name of Medical Attendant, or other person who makes this Return, Mary Kipton

Address, 205 Washington St

Remarks, _____

1894000242

The said schedule shall be delivered, day or night, by the physician or practitioner in the form of a certificate between the first and second lines of the said schedule, to the Registrar of Vital Statistics, in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother, immediately thereafter, shall secure the attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall report to birth to the Registrar of Vital Statistics, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 5th

1. Sex, (state whether male or female)..... female

2. Race or Color, (if not of the white race)..... White

3. Date of Birth,..... 19th of January 94

4. Place of Birth, (Street and Number)..... 2112 Ramsay St

5. Full Name of Mother,..... Joha. Mueller

6. Mother's Maiden Name,..... Joha. Deisler

7. Mother's Birthplace,..... Germany

8. Full Name of Father,..... Wilhelm Mueller

9. Father's Occupation..... Brauer

10. Father's Birthplace,..... Germany

Name of Medical Attendant, or other person who makes this Return,..... Friederike Heber Midwife

Address,..... 2116 West Pratt St

Remarks,.....

1 8 9 4 0 0 0 2 4 3

and the
said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter, it shall become the duty of the mother, or of the person who
child to report its birth to the Commissioner of Health, and within the period above required, and
shall hereafter fail to comply with the provisions of this section shall be sub-
ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53469 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 3rd

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race)..... White

3. Date of Birth,..... 18th of January 94

4. Place of Birth, (Street and Number)..... 1834 Lombard St

5. Full Name of Mother,..... Mags. Lehner

6. Mother's Maiden Name,..... Mags. Kaiser

7. Mother's Birthplace,..... Germany

8. Full Name of Father,..... August Lehner

9. Father's Occupation,..... Labor

10. Father's Birthplace,..... Germany

Name of Medical Attendant, or other person who makes this Return,..... Friederike Heule Midwife

Address,..... 2116 West Pratt St

Remarks,.....

1 8 9 4 0 0 0 2 4 4

When the child is born, the physician or midwife attending the birth shall, within the first day of each and every month to the office of the Commissioner of Health, file a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health, in which shall be stated the date, hour, place, and name of the child, the name of the mother, the name of the father, the name of the medical attendant, the sex, race, color, date of birth, place of birth, full name of mother, mother's maiden name, mother's birthplace, full name of father, father's occupation, father's birthplace, name of medical attendant, or other person who makes this return, address, and remarks, and the date of the birth. The certificate shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *January 18/94*

4. Place of Birth. (Street and Number) *Sehapes St. No 1615.*

5. Full Name of Mother, *Frency Poposka.*

6. Mother's Maiden Name, *Boj.*

7. Mother's Birthplace, *Poland.*

8. Full Name of Father, *Wily Brocki*

9. Father's Occupation, *Poland*

10. Father's Birthplace, *Doerland.*

Name of Medical Attendant, or other person who makes this Return. *Agnes Kodolna.*

Address, *Thames St. No 1685.*

Remarks, *S. J. H.*

8 4 4 0 0 0 2 4 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to file a birth certificate in the office of the Commissioner of Health, and in case of failure to do so, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 18th 1894*
4. Place of Birth, (Street and Number) *529 Preetman*
5. Full Name of Mother, *Rosa Burton*
6. Mother's Maiden Name, *Johnson*
7. Mother's Birthplace, *Balt*
8. Full Name of Father, *Chas O Burton*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Balt Co*
- Name of Medical Attendant, or other person who makes this Return, *Chas E Stahl*
- Address, _____
- Remarks, _____

8940000246

RETURN OF A BIRTH. 534/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. *Date of Birth,*

4. Place of Birth (Street and Number).

5. Full Name of Mother,

6. *Mother's Maiden Name*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, ..

Remarks,

8 9 4 0 0 0 2 4 7

[illegible]

RETURN OF A BIRTH. 53413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 18th 1894
4. Place of Birth, (Street and Number) 2336 Druid Hill Ave.
5. Full Name of Mother, Johanna Hobelmann
6. Mother's Maiden Name, " " " " " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Justus Hobelmann
9. Father's Occupation, Liquor Dealer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Wm. Lombel M.D.
- Address, 837 N. Fayette St.
- Remarks, _____

8 9 4 0 0 0 2 4 8

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Registrar of Vital Statistics, or to the Commissioner of Health, in case the birth of any child is attended by the attendance of a midwife, or should no other person be present, the attendance upon the birth of such child to report its birth to the Commissioner of Health, in the manner and within the time hereinbefore required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, January 18th 1894

4. Place of Birth (Street and Number), 106 N. Greene St.

5. Full Name of Mother, Mrs. Annie M. Adams

6. Mother's Maiden Name, Annie Menamin

7. Mother's Birthplace, Philadelphia, Penn.

8. Full Name of Father, Frank Adams

9. Father's Occupation, Upholsterer

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, David J. Reinhart, M.D.

Address, 1118 Madison Ave.

Remarks,

8940000250

and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan th 18. 1894.*
4. Place of Birth, (Street and Number) *1904. Fairmount Ave.*
5. Full Name of Mother, *Mary Roppelt.*
6. Mother's Maiden Name, *Gearmaine.*
7. Mother's Birthplace, *William Roppelt*
8. Full Name of Father, *Carpenter*
9. Father's Occupation, *Behemain.*
10. Father's Birthplace, *Mary Kaptish*
- Name of Medical Attendant, or other person who makes this Return, *205. N. Washington St.*
- Address, *Remarks,*

1 8 9 4 0 0 0 2 5 1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (State whether male or female)

1. Sex, (*State whether male or female*)

2. Race or color, (~~if not of the~~ white race)

3. Date of Birth, 10/1/13

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother, *Hannah*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation,*

10 *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 0 2 5 2

RETURN OF A BIRTH.

53418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Thm

1. Sex, (state whether male or female) -

Male

2. Race or Color, (if not of the white race) -

Colored

3. Date of Birth, -

Jan 15 - 94

4. Place of Birth, (Street and Number) -

672 Lombard St

5. Full Name of Mother, -

Adeline Thompson

6. Mother's Maiden Name, -

-

7. Mother's Birthplace, -

-

8. Full Name of Father, -

-

9. Father's Occupation, -

-

10. Father's Birthplace, -

O. B. Lowe M.D.

Name of Medical Attendant, or other person who makes this Return.

Address, -

672 Lombard St

Remarks, -

18940000253

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case the birth of any child is attended by a physician or practitioner of midwifery, or should no other person be present, the attendance of a physician or practitioner of midwifery, or should no other person be present, the attendance upon the mother, immediately hereafter, it shall become and within the period above required, and child to report its birth to the Commissioner of Health, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case the birth of a child occurs on the third day of each month, the certificate shall be delivered to the office of the Commissioner of Health on the first day of the following month. The fee for each certificate shall be in the sum of one dollar, which shall be paid by the practitioner at the time of filing the certificate. The fee for each certificate shall be in the sum of one dollar, which shall be paid by the practitioner at the time of filing the certificate. The fee for each certificate shall be in the sum of one dollar, which shall be paid by the practitioner at the time of filing the certificate.

RETURN OF A BIRTH 53419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, (Etc.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan'y 18 - 94

4. Place of Birth, (Street and Number) 1027 Raby St. Md.

5. Full Name of Mother, Annie Johnson

6. Mother's Maiden Name, —

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Edw. L. Larned M.D.

Address, 677 Lombard St.

Remarks, 18940000254

Each certificate shall be delivered only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth or death of a child shall occur upon the attendance of a physician or practitioner, and the person be in attendance upon the mother, nurse, or child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, he or she shall be liable to be fined not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan'y 18-94

4. Place of Birth, (Street and Number) 1015 Wagon Alley

5. Full Name of Mother, Laura Peck

6. Mother's Maiden Name, —

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, O. B. Stone, M.D.

Address, 622 W. Lombard Street

Remarks, 18940000255

said schedule shall be delivered, duly signed by the registrant, in the form of a certificate between the first and third day of each and every month to the Registrar of the Office of the Commissioner of Health. In case the birth of any child occurs on the first day of a month, the certificate shall be delivered to the Registrar on the first day of the following month. If the birth of a child occurs upon the mother, immediately thereafter, it shall become the duty of the mother to report the birth of such child to the Registrar of the Office of the Commissioner of Health, and to file a certificate of birth in the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19th Jan 1894

4. Place of Birth, (Street and Number) 221 E. Hamburg St

5. Full Name of Mother, Mary E. Chambers

6. Mother's Maiden Name, J. McLean

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles H. Chambers

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Elizabeth Jewell

Address, 1436 E. Fort Ave Baltimore

Remarks, _____

18940000256

This certificate shall be delivered daily signed by the practitioner in the form of a certificate between the first and second entries of the birth of a child, and shall be retained in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the mother to report the birth of the child to report its birth to the Registrar of Vital Statistics, and within the period above required, and if she fails to do so, she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 19 -*

4. Place of Birth, (Street and Number) *114 S Monmouth St*

5. Full Name of Mother, *Mrs Annie Higgins Watts*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Amos H. Watts*

9. Father's Occupation, *Crozier*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *D. B. Bennett M.D.*

Address, *Union Square*

Remarks, _____

18940000257

and schedule shall be delivered, also signed by the practitioner in the form of a certificate between the first and second entries, and the same shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother shall immediately thereafter report the birth to the Commissioner of Health, and within the period above required, and any such person who shall be guilty of neglecting to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 19th

4. Place of Birth, (Street and Number) 532 Monroe St

5. Full Name of Mother, Mary Wagner

6. Mother's Maiden Name, Powassand

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, John Wagner

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, R. H. L. Lumsden M.D.

Address, 1103 N. Calhoun St.

Remarks,

18940000258

RETURN OF A BIRTH. 53424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d Child
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 19th January 1894
 4. Place of Birth, (Street and Number) 144th Semore Court
 5. Full Name of Mother, Cora Ann Pebecker Sittler
 6. Mother's Maiden Name, Cora Ann Pebecker Decline
 7. Mother's Birthplace, Baltz
 8. Full Name of Father, John Decline
 9. Father's Occupation, Labor
 10. Father's Birthplace, Baltz
 Name of Medical Attendant, or other person who makes this Return, Mrs. L. B. Brooks
 Address, 1828 Lytle St.
 Remarks, Long Hill

8 9 4 0 0 0 0 2 5 9

and the
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
attendant upon the mother, immediately thereafter it shall become the duty of the person or persons of such
child to report its birth to the Commissioner of Health. In the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, January 19th 1894
4. Place of Birth, (Street and Number) No 1711 W. Lombard St
5. Full Name of Mother, Theresa Rosendale
6. Mother's Maiden Name, Brender
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Rosendale
9. Father's Occupation, Furniture Dealer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Annie Lindner
Address, No 106 S. Howard St.
Remarks, _____

8440000260

been conferred its sex, color, the full name and occupation of the parents, the age and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of Health. In case the birth or attendance upon the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the child to report its birth to the Commissioner of Health, in the manner and within the time specified in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 19
4. Place of Birth, (Street and Number) 23 E. Hamburg St.
5. Full Name of Mother, Margaret A. Shelton
6. Mother's Maiden Name, Green
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H. Shelton
9. Father's Occupation Wholesale Druggist
10. Father's Birthplace, Springfield, Ill
Name of Medical Attendant, or other person who makes this Return, Hattie M. M. M.
Address, 800 Leadenhall Street
Remarks, _____

1 8 9 4 0 0 0 2 6 2

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or should no other person be in attendance upon the mother, the midwife, or other person, it shall become the duty of the person or persons of such child in residence or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars, for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Cousin
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Jan 17 - 1914
4. Place of Birth, (Street and Number) 1311 N. Dearborn. St
5. Full Name of Mother, Theresa M. Campbell
6. Mother's Maiden Name, " " " " " "
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Campbell
9. Father's Occupation, Iron Worker
10. Father's Birthplace, Ireland
Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. G. Hall
Address, 1425 N. Bond. St
Remarks, _____

1 8 9 4 0 0 0 0 2 6 3

RETURN OF A BIRTH. 53430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... *Second*

1. Sex, (state whether male or female)..... *Female*

2. Race or Color, (if not of the white race)..... *White*

3. Date of Birth,..... *Jan. 19, 94*

4. Place of Birth. (Street and Number)..... *115 W. Lombard St.*

5. Full Name of Mother,..... *Emma Jensen*

6. Mother's Maiden Name,..... *Norway*

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return...... *C. S. Neer*

Address,..... *115 W. Lombard St.*

Remarks,.....

8 9 4 0 0 0 0 2 6 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
 third day of every month to the clerk of the Board of Health, in the case of any child born in the city of Baltimore, and no other person be in
 attendance upon the mother or child, or practitioner of midwifery, or any other person, who shall be liable to a fine of ten dollars for each
 child to report to the Commissioner of Health, or any other person, who shall be liable to a fine of ten dollars for each
 child to report to the Commissioner of Health, or any other person, who shall be liable to a fine of ten dollars for each
 child to report to the Commissioner of Health, or any other person, who shall be liable to a fine of ten dollars for each

RETURN OF A BIRTH. 53431 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Jan 19 - 1874
 3. Date of Birth. 1054 Granby St.
 4. Place of Birth, (Street and Number) Rose Messner
 5. Full Name of Mother, Keiser
 6. Mother's Maiden Name, Germany
 7. Mother's Birthplace, Casper Messner
 8. Full Name of Father, Tailor
 9. Father's Occupation, Germany
 10. Father's Birthplace, Mary Stein
 Name of Medical Attendant, or other person who makes this Return, 427 E Pratt St.
 Address. 18740000266
 Remarks,

been conferred. Name, sex, color, the full name and occupation of his parents, the date and place of birth, and the date of birth, shall be entered in the form of a certificate between the first and third day of each and every month to the office of the Registrar. The birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of each child to be born, to the manner and within the period above required, and the provisions of this section shall be subject to the provisions of other laws and forfeitures are recoverable.

RETURN OF A BIRTH. 53432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 19th 1894
4. Place of Birth, (Street and Number) 1429 Bondy Lane
5. Full Name of Mother, Mary Trevello
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Germany
8. Full Name of Father, George Trevello
9. Father's Occupation, Day Laborer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Mary Reiter
- Address, 206 N Washington St
- Remarks, _____

8 4 4 0 0 0 2 6 7

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) male

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 of January 209, Port St.

3. Date of Birth, 11th January
4. Place of Birth, (Street and Number) 309 Port St
Worms Lane, Barchfold

4. Place of Birth, (Street and Number) *Wilhelmsine Berthold*
5. Full Name of Mother, *Schmitzky*

5. Full Name of Mother, Schmitzky
6. Mother's Maiden Name, W. Paulsen

6. Mother's Maiden Name, W. Langdon
7. Mother's Birthplace, East Bethel

7. Mother's Birthplace, East Beetham
8. Full Name of Father, Lehman

8. Full Name of Father, La Brela
9. Father's Occupation Pressman (Farm)

9. Father's Occupation, Essen (Farm)

10. Father's Birthplace, _____ or other person who Mrs. E. Wain

Father's Birthplace, Massachusetts
Name of Medical Attendant, or other person who makes this Return, Miss E. Weiss
2522 Lancaster St.

Name of Medical Attendant, or other person makes this Return, 2522 Lancaster St
Address, 2522 Lancaster St

Address, _____

Remarks, _____

1 8 9 4 0 0 0 0 2 6 8

RETURN OF A BIRTH. 53434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 Jan

4. Place of Birth, (Street and Number) Eastern Ave 931

5. Full Name of Mother, Theresie Plattman

6. Mother's Maiden Name, Theresie Ginkst

7. Mother's Birthplace, Germany

8. Full Name of Father, Adam Plattman

9. Father's Occupation, Ice driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Schumann

Address, 409 South Bond st

Remarks, 8940000269

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 31st

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 0 2 7

aid, schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report to birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered at other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED Nov. 9, 1952

RETURN OF A BIRTH. 53437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Daisy Belle Chenoweth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 20 1894

4. Place of Birth, (Street and Number) 508 Canton St.

5. Full Name of Mother, Mary (Chenoweth) Chenoweth

6. Mother's Maiden Name, Mary (Haas) Haas

7. Mother's Birthplace, Balto

8. Full Name of Father, Andrew J. (Chenoweth) Chenoweth

9. Father's Occupation, Sales

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary E. Hoagland

Address, 824 Canton St.

Remarks, _____

5340000272

and schedule shall be delivered, duly signed by the attendant, in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, and shall occur without the attendance of a physician or practitioner of midwifery, or should any such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such residence as the Registrar of Vital Statistics may designate, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be by the mother, or should the mother be unable to report its birth, the birth of such child shall be reported by the mother or by any such person or persons who shall hereafter fall to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940000278

and children shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each month every month to the office of the Registrar of Vital Statistics, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, and within the period above required and child to report its birth to the Registrar of Vital Statistics, who shall hereafter be held responsible for the correctness of the facts stated in the return, and who shall be liable to the fine of ten dollars for each offence, to be recovered as hereinafter provided.

RETURN OF A BIRTH 53440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Jan 20th

4. Place of Birth, (Street and Number)

309 York Rd -

5. Full Name of Mother,

Matilda Wheeler

6. Mother's Maiden Name,

Matilda Wheeler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Wheeler

9. Father's Occupation,

Motorman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Dr. J. W. Wise M.D.

Address,

Waverly Baltimore

Remarks,

18940000275

and certificate shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the person so attending shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan. 20 1894*
4. Place of Birth, (Street and Number) *1235 Frederick Ave*
5. Full Name of Mother, *Annie Sabina Kessler*
6. Mother's Maiden Name, *Annie Sabina Dettmrich*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *John Martin Kessler*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Baltimore Md.*
Name of Medical Attendant, or other person who makes this Return, *Annie Lindner*
Address, *No. 106 S. Monroe St*
Remarks, _____

18940000276

RETURN OF A BIRTH. 53442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. 4.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20th Jan.

4. Place of Birth, (Street and Number) No. 848. Rienhardt. Str.

5. Full Name of Mother, Mary E. Dinnis

6. Mother's Maiden Name, Bagley

7. Mother's Birthplace, Sandy Hook N. Co. Md.

8. Full Name of Father, Hiram C. Dinnis

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, Mrs. A. M. Bischoff
or other person who makes this Return.

Address, No 1136 Cleveland Str.

Remarks, _____

1 8 9 4 0 0 0 2 7 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person so attending, or such child to report its birth to the Commissioner of Health, and within the period of ten days thereafter, to file a return in conformity with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *January 20th 1894*
4. Place of Birth, (Street and Number) *No 406 P. Lollar street*
5. Full Name of Mother, *May C. Anderson*
6. Mother's Maiden Name, *May E. Wilson*
7. Mother's Birthplace, *Piney Creek M. D.*
8. Full Name of Father, *Thomas Henry Anderson*
9. Father's Occupation, *Wood Carver*
10. Father's Birthplace, *Piney Creek M. D.*
Name of Medical Attendant, or other person who makes this Return, *Doctor George Anna Booth*
Address, *No 1752 Mullikin street*
Near Am.
Remarks,

18940000278

126-

RETURN OF A BIRTH. 53445-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 20 94

4. Place of Birth, (Street and Number) 115 W. Lombard St-
Blanche Stewart-

5. Full Name of Mother, —

6. Mother's Maiden Name, —

7. Mother's Birthplace, Mo

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, C. J. Neer

Address, 115 W. Lombard St-

Remarks, —

1 8 9 4 0 0 0 0 2 8 0

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, to the Office of the Commissioner of Health. To cause the birth of any child of each and every person or persons, or of a physician or practitioner of midwifery, to be reported in accordance with the provisions of this act, and to cause the birth of any child to be reported in accordance with the provisions of this act, in the manner and within the period above required, and any such person or persons, or physician or practitioner, who fails to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, except to the limit of ten dollars for each offense.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended by a medical practitioner, the mother immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940000281

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
 second of each and every month to the office of the Commissioner of Health, in case the birth of any child
 shall occur without the attendance of a physician, or of a midwife, or should no other person be in
 attendance upon the mother, from the time of her confinement until the birth of the child, and the
 child to report on or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
 jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 5344.7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 11th
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth. Jan 20th 1894
 4. Place of Birth, (Street and Number) Baltimore Chapin St No 125
 5. Full Name of Mother, Millie Bowman
 6. Mother's Maiden Name, Millie Carroll
 7. Mother's Birthplace, Fairfax Co Virginia
 8. Full Name of Father, Albert Bowman
 9. Father's Occupation Laborer
 10. Father's Birthplace, Aldie London Co Virginia
 Name of Medical Attendant, or other person who makes this Return, Sarah Jones
 Address, Baker Ave park at 538
 Remarks, well & hearty

18940000282

the said schedule shall be delivered, duly filled, by the registrars in the form of a certificate between the first and second of January, next, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report its birth to the Commissioner of Health, and to file a copy of the report with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20th of January 94

4. Place of Birth, (Street and Number) 2103 Wilhelm St.

5. Full Name of Mother, Katharina Grunghaus

6. Mother's Maiden Name, Katharina Schmidt

7. Mother's Birthplace, Germany

8. Full Name of Father, Rudolph Grunghaus

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kessler M.D. wife

Address, 2116 West Pratt St.

Remarks, _____

1 8 9 4 0 0 0 0 2 8 3

RETURN OF A BIRTH. 53449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Catherine J. Bullock Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Jan 21st 1894
 4. Place of Birth, (Street and Number) 549 Robert
 5. Full Name of Mother, Rebecca Bullock
 6. Mother's Maiden Name, Eickbach
 7. Mother's Birthplace, Balt
 8. Full Name of Father, Chas Bullock
 9. Father's Occupation, Painter
 10. Father's Birthplace, Balt
 Name of Medical Attendant, or other person who makes this return, Chas E. Jastlin
 Address, 2100 Grand St Ct
 Remarks, Full name added by father when obtaining a
 Transcript 8/29/33 1-6-11-19-4 Charles H. Bullock (Father)
 1-6-11-19-4

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to every child of the Commission of Health, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and any such person or persons who fail to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)- *Eleventh 11th*

1. Sex, (state whether male or female)- *Male*

2. Race or Color, (if not of the white race)- *White*

3. Date of Birth, *January 21st 1894*

4. Place of Birth, (Street and Number)- *1115 South St*

5. Full Name of Mother, *Mary E. Hughes*

6. Mother's Maiden Name, *Mary E. McHenry*

7. Mother's Birthplace, *Waldo*

8. Full Name of Father, *Henry J. Hughes*

9. Father's Occupation, *Householder*

10. Father's Birthplace, *Waldo*

Name of Medical Attendant, or other person who makes this Return, *Max H. Allen, M.D.*

Address, *673 McHenry St*

Remarks, _____

8 9 4 0 0 0 2 8 5

U.S. 100

53457

Name: Sophia Leah Nash
 and of Mother (state whether 1st, 2d, 3d, &c.)

- CORRECTED BY 317
INSTRUMENT FILE NO.

8 9 4 0 0 0 0 2 8 6

RETURN OF A BIRTH. 53457
Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother M...
Whether male or female

No. of Child of Mother M...
Whether male or female

No. of Child of Mother M...
Whether male or female

No. of Child of Mother M...
Whether male or female

No. of Child of Mother M...
Whether male or female

No. of Child of Mother M...
Whether male or female

No. of Child of Mother M...
Whether male or female

No. of Child of Mother M...
Whether male or female

No. of Child of Mother M...
Whether male or female

No. of Child of Mother M...
Whether male or female

No. of Child of Mother M...
Whether male or female

No. of Child of Mother M...
Whether male or female

No. of Child of Mother M...
Whether male or female

No. of Child of Mother M...
Whether male or female

No. of Child of Mother M...
Whether male or female

No. of Child of Mother M...
Whether male or female

RETURN OF A BIRTH. 53455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. *Date of Birth,*

Jan. 21/94 Balt.

4. *Place of Birth, (Street and Number)*

#23 Camdon Street

5. *Full Name of Mother,*

Mary Palermo

6. *Mother's Maiden Name,*

Mary Purpora

7. *Mother's Birthplace.*

Termihi I mērese

8. *Full Name of Father,*

Sem Palmiano

9. *Father's Occupation*

Keeping a Stand

10. *Father's Birthplace,*

Termini Imerese

Name of Medical Attendant, or other person who makes this Return,

Mrs. Lena Barber

Address,

44 York Street

Remarks,

8 9 4 0 0 0 0 2 9 0

any such schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each month to the office of the Commissioner of Health, in case the birth of any child is reported, or should no other person be in attendance upon the mother, immediately after the birth of the child, and the practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21st January 1894

4. Place of Birth, (Street and Number) 1131st Avenue Street

5. Full Name of Mother, Josephine Spindner

6. Mother's Maiden Name, Back

7. Mother's Birthplace, Germany

8. Full Name of Father, John Spindner

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Christina Lauer

Address, 1059 Harford Ave
Baltimore City

Remarks, _____

1 8 9 4 0 0 0 0 2 9 1

each certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, or should no other person be available, to the nearest police station, or to the nearest justice of the peace, or to the nearest constable, or to the nearest health officer, or to the nearest person who shall become the duly authorized person in the period above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CITY NAME ADDED 10-23-1885
 RETURN OF A BIRTH. 53458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Madeline Schnappinger
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *21st January 1894*
 4. Place of Birth, (Street and Number) *1019 Greens Court, Balto*
 5. Full Name of Mother, *Eva Leonard Eva Schnappinger*
 6. Mother's Maiden Name, *Eva Leonard*
 7. Mother's Birthplace, *Laoson Colburg Germany*
 8. Full Name of Father, *Eva Schnappinger*
 9. Father's Occupation, *Stone cutter*
 10. Father's Birthplace, *Baltimore Md*
 Name of Medical Attendant, or other person who makes this Return, *Katie Street*
 Address, _____
 Remarks, _____

894000293

RETURN OF A BIRTH. 53460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Jan 21st 1894

4. Place of Birth, (Street and Number) Mt. Zion Hospital

5. Full Name of Mother, Martha Hedgemon

6. Mother's Maiden Name, Martha Hedgemon

7. Mother's Birthplace, Virginia

8. Full Name of Father, William

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, William Brinton M.D.

Address, Mt. Zion Hospital

Remarks,

8940000295

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: William Arnold September
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Lat. Lit.

3. Date of Birth, January 7 1923 St. Louis, Mo.

4. Place of Birth, (Street and Number) 128 E. 11th Street

5. Full Name of Mother, Regina C. Wheeler
Elizabeth Wheeler

6. Mother's Maiden Name, Margaret

7. Mother's Birthplace, Walden, Mass.

8. Full Name of Father, Joseph H. ...

9. Father's Occupation Farmer

10. Father's Birthplace, Wash. D. C. or other person who Mrs. Annie Lind

Name of Medical Attendant, or other person who makes this Return, Mrs. Anne

Address, 106 S. Laurel St.

Remarks.

8 7 4 0 0 0 2 9 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any), the sex, color, the date and occupation of its parents, the date and place of birth; and the name of the person who attended the birth, and the date and place of death. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or persons attending upon the mother, immediately thereafter it shall become the duty of the person or persons so attending to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so shall be liable to the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January the 22 1894
4. Place of Birth, (Street and Number) Howard st 119
5. Full Name of Mother, alice smith
6. Mother's Maiden Name, alice Banks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Banks
9. Father's Occupation, laborer
10. Father's Birthplace, Norfolk
Name of Medical Attendant, or other person who makes this Return, Mrs. Jane Wilson
Address, West Fluey st 124
Remarks, full 9 months

8940000300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. *Race or Color.* (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks.

8 9 4 0 0 0 0 3 0 1

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,* _____

4. *Place of Birth, (Street and Number)* _____

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return. 30

Address,

Remarks

8 9 4 0 0 0 0 3 0 2

[illegible]

RETURN OF A BIRTH. 53468
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child.

1. Sex, (state whether male or female). 5th child.
 2. Race or Color, (if not of the white race) Male,
 3. Date of Birth, white

3. Date of Birth, _____ *white*
4. Place of Birth, (Street and Number) _____ *January 22nd 1894*
5. _____ *# 1088 7th St*

4. Place of Birth, (Street and Number) _____ January 22nd 1894.
5. Full Name of Mother, _____ # 1088 N. Belmont Street.

5. Full Name of Mother, Agnes C. Peters

6. Mother's Maiden Name, Agnes C. Peters
7. Mother's Birthplace, Agnes C. Owens

7. Mother's Birthplace, Agnes C. Owens
8. Full Name of Father, Lookersville, Balt: Co. Md.

Full Name of Father, _____
 Father's Occupation, _____

Father's Occupation, *J. George Peters, Jr.*
 Father's Birthplace, *Merchant Tailor*
City of Boston

Father's Birthplace, City of Baltimore, Md.
Name of Medical Attendant, Merchant Tailor
Mr. St.

Name of Medical Attendant, or other person who makes this Return, *Mrs. Wooden.*
Address, *# 882 E*

Address, _____ Mrs. Wooden.
Remarks, _____ # 883 Green-Mount Ave

Remarks, # 883 Green-Mount Ave

8 9 4 0 0 0 0 3 0 3

month and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name of its parents, the date and place of birth, and the date and place of its death, if it shall have died, in the form of a certificate between the first and third day of the month in which the child is born, or if it shall have died, within the first and third day of the month in which it died, and shall be signed by the physician or practitioner of Health, or by the mother, immediately after the birth of the child, or by the medical attendant upon the mother, immediately after the birth of the child, and shall be filed in the office of the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, January 22nd 1894.
4. Place of Birth, (Street and Number) Baltimore City, 7th St.
5. Full Name of Mother, Mrs. W. Marshall Alden.
6. Mother's Maiden Name, W. Marshall Alden.
7. Mother's Birthplace, Chapel Hill, N.C.
8. Full Name of Father, James Marshall Alden
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore City, Md.
Name of Medical Attendant, or other person who makes this Return, Mrs. L. J. Alden
Address, #1013 1/2 Chapel Hill St.
Remarks, Baltimore City, Md.

894000304

Sec. 1. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the date and hour of birth, the full name and occupation of its parents, the date and hour of delivery, the name of the physician or practitioner of midwifery, or should no other person be present, the name of the mother, immediately thereafter it shall become the duty of the mother to report its birth to the Commissioner, or to the Commissioner's representative, within the period above required, and any such person or persons failing to do so shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Male

1. Sex, (state whether male or female)

Black

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan. 22, 94

4. Place of Birth, (Street and Number)

115 W. Lombard St.

5. Full Name of Mother,

Francis Young

6. Mother's Maiden Name,

Mad

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

C. S. Mer

Name of Medical Attendant, or other person who makes this Return.

115 W. Lombard St.

Address,

Remarks,

18940000305

RETURN OF A BIRTH. 53472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.
 1. Sex, (state whether male or female) Boy
 2. Race or Color, (if not of the white race) White
 3. Date of Birth. Jan 22nd 1893
 4. Place of Birth, (Street and Number) 222 N Washington St.
 5. Full Name of Mother, Maggie Falk.
 6. Mother's Maiden Name, Searns
 7. Mother's Birthplace, Searns
 8. Full Name of Father, John Falk.
 9. Father's Occupation Carpenter
 10. Father's Birthplace, Searns
 Name of Medical Attendant, or other person who makes this Return, Mary Koptis
 Address, 205 N Washington St.
 Remarks,

8940000307

RETURN OF A BIRTH. 53473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.
Male.

1. Sex, (state whether male or female)

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....

2. Race or Color, (if not of the white race) Indian Alleg
3. Date of Birth, Nov. 1734 January 22, 1866

4. Place of Birth, (Street and Number)..... *Washington*

5. Full Name of Mother, Eliza W. Sanders

6. Mother's Maiden Name, Elizabeth
Prosser

7. Mother's Birthplace, Texas
Chas Washington

8. Full Name of Father, Charles W. Leaman (Book)

9. Father's Occupation Seaman
Ireland

10. Father's Birthplace, Massachusetts
 or other person who
 attendant or other person who
 via Return, Angie R. Stawell
100 W. 1st Ave

Name of Medical Attendant, _____ makes this Return, _____ 01941 Sanford

8940000308

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 2 9 4 0 0 0 0 3 0 9

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name of the mother, and the full name of the father, and the date of birth, and the day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and shall, hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 53476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 23" 1883.*

4. Place of Birth, (Street and Number) *1268 James Street-*

5. Full Name of Mother, *Laura Snyder*

6. Mother's Maiden Name, *Michael*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jas. J. Snyder*

9. Father's Occupation, *Foreman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *E. E. Hansen M.D.*

Address, *830 Columbia*

Remarks,

8940000311

RETURN OF A BIRTH. 53478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth*,..... (Number)

4. *Place of Birth.* (Street and Number).

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant. or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 0 3 1 3

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth, for as the same can be ascertained, the full name of each child, if any, shall have been born, the date of birth, the sex, the color, the full name and occupation, in the form of a certificate between the first and third day of each month, and shall be delivered, duly signed and attested, to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and in accordance with the provisions of this section shall be subject to the fine often (10) dollars for each failure to be recovered as other fines and forfeitures are recoverable.

8 9 4 0 0 0 0 3 1 4

GIVEN NAME ADDED 10-22-51

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Nerry Jacob Hartman 22

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 2 ...

- No. of Child of Mother, (state name) *Male*
1. Sex, (state whether male or female) *White*
2. Race or Color, (if not of the white race)
3. Date of Birth, *23 Jan 1894*
4. Place of Birth, (Street and Number) *822 N. Bond St*
5. Full Name of Mother, *E Kate Hartman*
6. Mother's Maiden Name, *Blum*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Henry Hartman*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *Balto*

Father's Birthplace, _____
Name of Medical Attendant, _____ or other person who makes this Return _____

Name of Medical Attention, makes this Return

Address, 1302 E. Lexington St

Remarks,

8 9 4 0 0 0 0 3 1 5

[illegible]

RETURN OF A BIRTH. 53481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 23rd 1894

4. Place of Birth, (Street and Number) 217 Monford St

5. Full Name of Mother, Marie Lambert

6. Mother's Maiden Name, Dearmer

7. Mother's Birthplace, Thomas Lambert

8. Full Name of Father, Carpenter

9. Father's Occupation, Earner

10. Father's Birthplace, Mary Kofler

Name of Medical Attendant, or other person who makes this Return, 205 W Washington St

Address,

Remarks,

8940000316

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the first and last attendant shall be delivered to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the first and last of the month following the date of birth. In case the birth of any child shall occur without the attendance of a physician, the mother shall become the attendant, and shall be subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 23 1894

4. Place of Birth, (Street and Number) 103 N. Fulton Av.

5. Full Name of Mother, Mary Kane

6. Mother's Maiden Name, Wolf

7. Mother's Birthplace, Pa

8. Full Name of Father, Jas C Kane

9. Father's Occupation, Coal R

10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return, M H Carter

Address, 1800 W Baltimore

Remarks,

8940000318

been conferred in the case of the same can be ascertained, the full name of each child, if any shall have said certificate shall be sex, color, the full name and occupation of its parents, the day of the birth and the third day of each and every month of the year, and the name of the practitioner in the form of a certificate before the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parents of such child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 4-15-57
 RETURN OF A BIRTH. 53484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Harold Hargreaves
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male Male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 23 Jan. 23 1894
 4. Place of Birth, (Street and Number) 603 E. Biddle St
 5. Full Name of Mother, Margaret E. Hargreaves
 6. Mother's Maiden Name, M. E. Chambers
 7. Mother's Birthplace, Brookfield Mass
 8. Full Name of Father, John F. Hargreaves
 9. Father's Occupation, Machinist
 10. Father's Birthplace, England
- Name of Medical Attendant, or other person who makes this Return, J. C. Gilchrist, Surgeon & Physician
- Address, 1301 Valley St
- Remarks, Normal Labors

8440000319

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. No other person shall be in attendance upon the birth of a person, and no other person shall become the duty of the person or parents of such child, until the birth of the child has been reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan'y 23-94

4. Place of Birth, (Street and Number) 526 Wayne St. N

5. Full Name of Mother, Minnie Foster

6. Mother's Maiden Name, —

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, (if no other person who makes this Return, R. M. Arnold M.D.)

Address, 622 W. Lombard St.

Remarks, —

1 8 9 4 0 0 0 0 3 2 0

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the medical attendant, shall be delivered, duly signed and sealed, to the Registrar of Vital Statistics, Baltimore City, within the period of three days after the birth, and the certificate between the first and third child of a woman shall be delivered to the Registrar of Vital Statistics, Baltimore City, within the period of three days after the birth of the third child. If the birth of a child occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and the person or persons failing to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 24, 1891

4. Place of Birth, (Street and Number) 640 Mayford Ave.

5. Full Name of Mother, Ida Frank

6. Mother's Maiden Name, Ida Cook

7. Mother's Birthplace, Balto

8. Full Name of Father, Charles Frank

9. Father's Occupation, Labor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary S. Swayne

Address, 824 Canton St.

Remarks, _____

8 4 0 0 0 0 3 2 1

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. st.

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

Write

3. *Date of Birth,*

24. January

4. *Place of Birth, (Street and Number).*

N^o 16. Lapel Street.

5. Full Name of Mother,-----

Margareth Fritsch

6. *Mother's Maiden Name,*

Margareth Gallen

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father,*

Silvester Fritsch

9. *Father's Occupation.*

Labarrae.

10. *Father's Birthplace.*

Baltimore.

Name of Medical Attendant, or other person who makes this Return.

Marie Gloss.

Address,

N-1906. Fairmount - av.

Remarks,

8 9 4 0 0 0 0 3 2 2

The date and place of birth: and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or person who shall attend upon the mother immediately after the birth of the child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 20 - 04

4. Place of Birth, (Street and Number) Esqui Ave.

5. Full Name of Mother, Ella Atkinson

6. Mother's Maiden Name, Watson.

7. Mother's Birthplace, Chile

8. Full Name of Father, Wm Atkinson

9. Father's Occupation, Butcher

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, D. L. Ford

Address, 2414 Druid Hill Ave.

Remarks, Birth produced premature on account of Bright's Disease

8940000323

RETURN OF A BIRTH. 53489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *January 24, 1894.*

4. Place of Birth, (Street and Number) *Penkins Lane (Chamberlain).*

5. Full Name of Mother, *Elizabeth Cunningham.*

6. Mother's Maiden Name, *Elizabeth Ruggles.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Andrew Washington.*

9. Father's Occupation, *Wagonman.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other person who makes this Return, *Surgeon R. C. Cressell, M.D.*

Address, *1241 Harford Ave.*

Remarks,

8940000324

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been counterfeited) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, or to the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, and condition of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth, in the manner and within the time specified in this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 24/94

4. Place of Birth, (Street and Number) 129 E. Durham st.

5. Full Name of Mother, Louisa Wt

6. Mother's Maiden Name, Bluthkopf

7. Mother's Birthplace, Balto.

8. Full Name of Father, Ger. Wtz

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Weisenhofer

Address, 2225 Gough str

Remarks, 1 8 9 4 0 0 0 3 2 5

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born to the mother, the date of birth, the sex, the color, the full name and occupation of its parents, the date of delivery, the name of the physician or practitioner of midwifery, or should no other person be present at the birth, the name of the person who attended the birth, the name of the mother, immediately thereafter it shall become the duty of the person attending the birth to report the birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED # 16-56
RETURN OF A BIRTH. 53491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Katherine Geigert
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 24th 1894*
4. Place of Birth, (Street and Number) *120 South Broadway*
5. Full Name of Mother, *Ellen Virginia Geiger*
6. Mother's Maiden Name, *Harrell*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George H. Geiger*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *E. W. Lee M.D.*
Address, *609 N. Carey St*
Remarks, *A 15th baby*
8 9 4 0 0 0 3 2 6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Find (3)

1. Sex, (state whether male or female)

General

2. Race or Color, (if not of the white race)

White

3. *Date of Birth,*

January 24/94

4. *Place of Birth.* (Street and Number)

1250 Ruzmita av

5. Full Name of Mother,

Lathrine Masingo

6. *Mother's Maiden Name.*

Catharine Ruch

7. *Mother's Birthplace,*

Baltimore, Md.

8. *Full Name of Father,*

John Henry Wasingo

9. Father's Occupation

Caterches.
R. 14.

10. *Father's Birthplace,*

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

or other person who makes this Return.

Latip. March

Address,

100 Leavenworth street

Remarks,

8 9 4 0 0 0 0 3 2 7

RETURN OF A BIRTH. 53493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 α

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

white

3. *Date of Birth,*

Jan 24. 1894

4. *Place of Birth, (Street and Number)*

132 S Poppleton

5. *Full Name of Mother,*

Sophia Stearns

6. *Mother's Maiden Name,*

Goodman

7. *Mother's Birthplace.*

Baltimore

8. *Full Name of Father,*

Gas in Steam

9. *Father's Occupation,*

machinist

10. *Father's Birthplace,*

Batman

Name of Medical Attendant, or other person who makes this Return,

Geo Rhabdema

Address,

725 Columbia ave

Remarks.

8 9 4 0 0 0 3 2 8

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or other person duly qualified to certify, the parent or parents shall be liable to report its birth to the Commissioner of Health, in the manner and within the period or periods of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 24 - 1894

4. Place of Birth, (Street and Number) 143 N. Central Ave.

5. Full Name of Mother, Mary Ann Uth

6. Mother's Maiden Name, Weiman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Uth

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, _____

1 8 9 4 0 0 0 0 3 2 9

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the physician or practitioner of midwifery, or should no other person of such third day of each and every birth, to the Commissioner of Health. In case the birth of any child is attended upon by a physician or practitioner of midwifery, it shall become the duty of such person to report the birth of such child to report its birth to the Commissioner of Health, within the period above required, and any such person who fails to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 24th 1894

4. Place of Birth, (Street and Number) 403 E. Lincoln Alley

5. Full Name of Mother, Mary Greer

6. Mother's Maiden Name, Boheiman

7. Mother's Birthplace, Boheiman

8. Full Name of Father, John Greer

9. Father's Occupation, Carpenter

10. Father's Birthplace, Boheiman

Name of Medical Attendant, or other person who makes this Return, Mary Koptz

Address, 265 N. Washington St.

Remarks, 18940000331

been conferred its sex, color, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the Commissioner of Health, or to a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 3rd
1. Sex, (state whether male or female)..... female
2. Race or Color, (if not of the white race)..... white
3. Date of Birth,..... 24th of January 1904
4. Place of Birth, (Street and Number)..... 2218 Frederick Ave
5. Full Name of Mother,..... Mathilda Kallenbach
6. Mother's Maiden Name,..... Mathilda Christ
7. Mother's Birthplace,..... Germany
8. Full Name of Father,..... Gottlieb Kallenbach
9. Father's Occupation..... Bookbinder
10. Father's Birthplace,..... Germany
Name of Medical Attendant, or other person who makes this Return,..... Friederike Reichen Mielke
Address,..... 2116 1/2 West Pratt St
Remarks,.....

8940000332

any person who neglects to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan'y 24th 1894

4. Place of Birth, (Street and Number) 1321 Stratton

5. Full Name of Mother, Mrs James Syng

6. Mother's Maiden Name, Ella Carbury

7. Mother's Birthplace, Wexford Co. Ireland

8. Full Name of Father, James Syng

9. Father's Occupation, Coachman

10. Father's Birthplace, Killybeggy Ireland

Name of Medical Attendant, or other person who makes this Return, Sarah E. B. B.

Address, 2206 E. E. B. St.

Remarks, 1

18940000333

[illegible]

GIVEN NAME ADDED 2-25-55
OF A BIRTH.

RETURN OF A BIRTH.

53499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Annie Chamberlain 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Final*

No. of Child of Mother, (state whether male or female) *Female*
1. Sex, (state whether male or female) *Female*

1. Sex, (state whether male or female) - Colored
2. Race or Color, (if not of the white race) - Colored, 24/28

2. Race or Color, (if not of the white race) *Caucasian* 247894
3. Date of Birth *1/15/15* *Elling*

3. Date of Birth, 2/17/15 Elting St
4. Place of Birth, (Street and Number) Sophia Chambliss

4. Place of Birth, (Street and Number) Sophia Chambliss Lane
5. Full Name of Mother, Sears

5. Full Name of Mother, John Sears
6. Mother's Maiden Name, Raleigh N. C.

6. Mother's Maiden Name, Raleigh N. C.
7. Mother's Birthplace, Joseph Cham

7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Chamkolm
Germany - 216

8. Full Name of Father, L. L. L. L. L.
9. Father's Occupation Benjamin, NC

9. Father's Occupation, Benjamin Mc
10. Father's Birthplace, Shrop
" Medicant Attendant, or other person who makes this Return, Shrop

Name of Medical Attendant, or other person who makes this Return, 2256 Elm St

Name of Medical Attendant, *make this return* *22-60* *Blundell*
Address, *6*

Address, _____

Remarks, _____ 8 9 4 0 0 0 3 3 4 _____

8 9 4 0 0 0 0 3 3 4

been conferred to sex, color, the full name and occupation of its parents, its date and place of birth; and the certificate between the first and third day of each and every month to the offician or practitioner of midwifery, or should no such certificate be presented, the birth of any child shall occur without the attendance of a medical attendant, or shall become the duty of the medical attendant, or parents of such child to immediately thereafter call on the Commissioner of Health, in compliance with the provisions of this section, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25 94
4. Place of Birth, (Street and Number) 1017 Pennsylvania
5. Full Name of Mother, Margaret Higgins
6. Mother's Maiden Name, Virginia Rose
7. Mother's Birthplace, Balt
8. Full Name of Father, August Skelton
9. Father's Occupation, Butcher
10. Father's Birthplace, Balt
Name of Medical Attendant, W. B. R. H. or other person who makes this Return.
Address, 2038 Medford St
Remarks, 18940000336

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered to the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. Should no other person be in attendance upon the mother immediately following the birth of the child, the practitioner shall be liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 25th Jan 1894
4. Place of Birth, (Street and Number) 1628 E Mc Eldeary St
5. Full Name of Mother, Annie Kelly
6. Mother's Maiden Name, Nolan
7. Mother's Birthplace, Balto
8. Full Name of Father, Bernard L. Kelly
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return, Mrs. Julia Groome
Address, 941 N Gay St
Remarks, _____

18940000337

RETURN OF A BIRTH. 53573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)-*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 0 3 3 8

any person who shall neglect to comply with the provisions of this act, or who shall violate any of the provisions of this act, shall be liable to a fine of not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 25 Dec
4. Place of Birth, (Street and Number) 805. Mc Kern St
5. Full Name of Mother, Annie Lechard
6. Mother's Maiden Name, Annie Johnson
7. Mother's Birthplace, Baltimore M.D.
8. Full Name of Father, William Lechard
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs. P. G. G. Michels
- Address, No 506 N. High St
- Remarks,

18940000340

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Annie ~~Trappach~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. Date of Birth, Jan 21 1892

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

3). *Father's Occupation*10. *Father's Birthplace*

Name of Medical Attendant.

or other person who
makes this Return

Address 400 Leach

Remarks.

8 9 4 0 0 0 0 3 4 2

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) in sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report to the Commissioner of Health, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... III.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 25. 10² 15. Evening
4. Place of Birth, (Street and Number) Front Lot and Pratt Street.
5. Full Name of Mother, Augusta, Amalie, Anna Paschke.
6. Mother's Maiden Name, Paschke.
7. Mother's Birthplace, Leipzig, Prov. Sachsen, Germany.
8. Full Name of Father, Friedrich Wilhelm, Gustav Paschke.
9. Father's Occupation, Wagon Driver.
10. Father's Birthplace, Burg of Coblenz - Germany.
- Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanne.
- Address, from the Evening Telegram 614 S. Charles Street.
- Remarks,

8940000343

RETURN OF A BIRTH. 53309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9.

1. Sex, (state whether male or female).

Girl.

2. Race or Color, (if not of the white race)-

White

3. *Date of Birth,*

25th Garrisony

4. *Place of Birth, (Street and Number)-*

N-12 Lapoels Pret

5. Full Name of Mother,

Margaretha Tuse

6. *Mother's Maiden Name,*

Margarethe Mildensorf.

7. *Mother's Birthplace,*—

Герману

8. *Full Name of Father,*

Charles Tule.

9. *Father's Occupation.*

Barkham.

10. *Father's Birthplace,*

Germiany.

Name of Medical Attendant, or other person who makes this Return.

Marie Ekloss

Address,

N 1906. Fairmount - av.

Remarks.

8 9 4 0 0 0 0 3 4 4

W.C. C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the age of the child at birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the day of the period or parents of such child shall occur upon the mother's certificate, and the day of the period or parents of such child shall be subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Jan. 25 - 1894

4. Place of Birth, (Street and Number) 39 N. Eden St.

5. Full Name of Mother, Barbara Lane

6. Mother's Maiden Name, Keyser

7. Mother's Birthplace, Switzerland

8. Full Name of Father, John P. Lane

9. Father's Occupation, Laborer

10. Father's Birthplace, San Francisco Cal.

Name of Medical Attendant, Margaret Stein or other person who made this Return.

Address, 1427 E. Pratt St.

Remarks, _____

8 9 4 0 0 0 3 4 7

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 0 3 4 9

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and if the mother be delivered, duty signed by the practitioner in the form of a certificate between the first and third day of each month, of the attendance of a physician or midwife, and the name of the person to be in charge of such child, without the attendance of a physician or midwife. In case the birth of any child is without evidence upon the mother, immediately thereafter it shall become the duty of the person or persons to be in charge to report to the Commissioner of Health, in the manner and within the period above required, and if any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered at other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks.

8 9 4 0 0 0 0 3 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered only to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and in case of failure to do so, the person or persons so failing to report its birth shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 28 day of January

4. Place of Birth, (Street and Number) Block 1 134 North St

5. Full Name of Mother, Mary Ann Peters

6. Mother's Maiden Name, Mrs Ann Busch

7. Mother's Birthplace, Berlin

8. Full Name of Father, John Henry Peters

9. Father's Occupation, Engineer

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Katie Munnich

Address, 100 Leadenhall Street

Remarks, _____

18940000352

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended by a physician, the certificate shall be delivered to the office of the Commissioner of Health, and in case the birth of any child is attended by a midwife, the certificate shall be delivered to the office of the Commissioner of Health, and in case the birth of any child is attended by a nurse, the certificate shall be delivered to the office of the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 26 1894

4. Place of Birth, (Street and Number) 858 W Pratt St

5. Full Name of Mother, Louise Bruce

6. Mother's Maiden Name, Schram

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Bruce

9. Father's Occupation, Fireman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo R. H. H. H.

Address, 725 Columbia Ave

Remarks,

18940000353

been conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the child shall be registered in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Births, and the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should be attended by any person or persons, immediately thereafter it shall become the duty of the person or persons of such attendance upon the mother, to the manner and within the period above required, and any such person or persons who fail to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 26th 1894

4. Place of Birth, (Street and Number) 704 Webster alley

5. Full Name of Mother, Fannie Fannon

6. Mother's Maiden Name, Fannie Dolan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. P. Fannon

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Woodson

Address, 883 Greenmount ave.

Remarks, _____

8 9 4 0 0 0 3 5 5

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered to the Registrar of Vital Statistics, Baltimore City, within one month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Registrar of Vital Statistics, Baltimore City, and the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female - Anna Katherine

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 26, 1894

4. Place of Birth, (Street and Number) 3100 Sanbaster St

5. Full Name of Mother, Maggie Gause

6. Mother's Maiden Name, Maggie Petus

7. Mother's Birthplace, Germany

8. Full Name of Father, John Gause

9. Father's Occupation, Germany Store Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mrs. S. Schwayne

Address, 824 Canton St.

Remarks, Given name added by father upon applying for transcript

John Gause Father 8940000357

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. The certificate shall be signed by the practitioner in the form of a certificate, and shall be filed in the office of the Registrar of Vital Statistics, Baltimore City. The birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother shall immediately thereafter file a statement with the Registrar of Vital Statistics, Baltimore City, in the manner and within the time specified in the regulations of the Board of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Boy

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 26th 1894

4. Place of Birth, (Street and Number)

1904 Garrison Ave

5. Full Name of Mother,

Mary Rappert

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Rappert

9. Father's Occupation

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Mary Rappert

Address,

205 S Washington St.

Remarks,

18940000358

been conferred the sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately after the birth of the child, shall be required to sign a certificate of birth, and to file the same with the Commissioner of Health, in the manner and within the period above required, and child not person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 26 January 1879 Hull St.

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, Cassie Lusold

6. Mother's Maiden Name, " Leutner

7. Mother's Birthplace, Washington D. C.

8. Full Name of Father, John Lusold

9. Father's Occupation, Laboar

10. Father's Birthplace, Germany

Name of Medical Attendant, Dr. W. M. M. M. or other person who makes this Return.

Address, Hull St. 1331 Loius Point

Remarks, _____

8940000360

When this form shall be filled up for any child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and second of the month in which the child is born, to the Registrar of Vital Statistics, who shall retain the same, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in case of refusal to do so, the person or persons so refusing shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marbury Layton *1st*, *Councill*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *January 26, 1894*
4. Place of Birth, (Street and Number) *1600 W. Lanvale St.*
5. Full Name of Mother, *Elizabeth W. Councill*
6. Mother's Maiden Name, *White*
7. Mother's Birthplace, *Md.*
8. Full Name of Father, *Rhodes A. Councill*
9. Father's Occupation, *Druggist*
10. Father's Birthplace, *Md.*
- Name of Medical Attendant, or other person who makes this Return, *Dr. Lane Taneyhill*
- Address, *1103 Madison Avenue*
- Remarks, *GIVEN NAME 12500 3-16-54*

h. m.
8940000362

been conferred) in sex, color, the full name and occupation of its parents, the date and place of birth, and the time of day when it was born. The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month in which the birth occurs, to the Registrar of Vital Statistics, or to the Commissioner of Health, or to the physician or other person who shall occur upon the mother, immediately thereafter it shall become the duty of the practitioner, or of the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Hollander fourth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jan. 26 1894

4. Place of Birth, (Street and Number)

1237 W. Elderry St.

5. Full Name of Mother,

Deborah Hollander

6. Mother's Maiden Name,

Deborah Fisher

7. Mother's Birthplace,

New York (Conn.)

8. Full Name of Father,

Joseph Hollander

9. Father's Occupation

Button hole maker

10. Father's Birthplace,

Austria

Name of Medical Attendant, or other person who makes this Return.

Maria Elias

Address,

1237 W. Elderry St.

Remarks,

1491
18940000363

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, and shall occur within the month of the birth of the child, or, if the child is born at a distance from the city, within the month of the birth of the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to be fined to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *26 of January 1894*

4. Place of Birth, (Street and Number) *810 Fort Ave*

5. Full Name of Mother, *Maggie Young*

6. Mother's Maiden Name, *Maggie Jones*

7. Mother's Birthplace, *New York*

8. Full Name of Father, *Charles W. Young*

9. Father's Occupation, *Iron Worker*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this return, *Mrs. S. S. Crookes*

Address, *1822 Light St*

Remarks, *Mamma Well*

18940000364

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth, it shall become the duty of the person or persons of such attendance to appear before the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 26 Jan 1894
4. Place of Birth, (Street and Number) 921 N. Emsor St
5. Full Name of Mother, Vellie Pearce
6. Mother's Maiden Name, McEnt
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, William W Pearce
9. Father's Occupation, Rail Road man
10. Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return, Mrs Julia Goorne
Address, 944 N. Gay St
Remarks, _____

+ 8 9 4 0 0 0 3 6 5

any person who has color, the full name and occupation of the parent, the date and place of birth, and the name of the medical attendant, or other person who makes this return, shall be recorded in the said schedule, and the said schedule shall be delivered, duly signed, to the office of the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such color as shall be present at the birth of such child, to make and sign a return in conformity with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 26 Jan 1894

4. Place of Birth, (Street and Number) 46 E. Randall St

5. Full Name of Mother, Bertrude Schaumböckel

6. Mother's Maiden Name, Salomon

7. Mother's Birthplace, Balt Md

8. Full Name of Father, Charles D. Schaumböckel

9. Father's Occupation, Class Tender

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Elizabeth Jewell

Address, 436 E. Fort Ave Balt Md

Remarks,

8440000366

least correct in its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-3-60
RETURN OF A BIRTH

53532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas Collins
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *26th Jan 1894*
4. Place of Birth, (Street and Number) *1500 Burroughs St*
5. Full Name of Mother, *Ella Collins*
6. Mother's Maiden Name, *" Laughlin*
7. Mother's Birthplace, *Balt Ind*
8. Full Name of Father, *William Collins*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *W. Portsmouth Va*
Name of Medical Attendant, or other person who makes this Return, *Mrs Elizabeth Jewell*
Address, *436 E Hart Ave Balt Ind*
Remarks,

+ 8940000367

RETURN OF A BIRTH. 53533 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *26 of January 1894*

4. Place of Birth, (Street and Number) *141 n. Front St*

5. Full Name of Mother, *Besse Miller*

6. Mother's Maiden Name, *Roniksherg*

7. Mother's Birthplace, *in Russia*

8. Full Name of Father, *Nathan Miller*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *in Russia*

Name of Medical Attendant, (or other person who makes this Return) *Thiender M. D.*

Address, *143 n. Front St*

Remarks, *8940000368*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks,

8 9 4 0 0 0 0 3 6 9

RETURN OF A BIRTH. 53535

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race) A

3. Date of Birth, and Number,

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes Return.

Address.

Remarks,

8 9 4 0 0 0 0 3 7 0

any such person or persons shall be liable to be punished by a fine of not less than five dollars and not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable under the laws of this State.

As each case, the full name and occupation of the parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the first and third day of each and every month to the office of the Commissioner of Health. In case the birth certificate is not delivered, the practitioner shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the first and third day of each and every month. Any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Jan'y 26-94*

4. Place of Birth, (Street and Number) *622 Lombard Street*

5. Full Name of Mother, *Anna Gorman*

6. Mother's Maiden Name, *—*

7. Mother's Birthplace, *—*

8. Full Name of Father, *—*

9. Father's Occupation, *—*

10. Father's Birthplace, *—*

Name of Medical Attendant, (whether person who makes this Return) *B. L. Linn, M.D.*

Address, *622 Lombard Street*

Remarks, *—*

18940000371

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration, and the name of the person who made this return, and the date of its registration. In case the birth of any child is reported to the office of the Registrar of Vital Statistics, and the parent or parents of such child fail to report its birth to the Registrar of Vital Statistics, within the period above specified, the provisions of this section shall be applicable to the parent or parents of such child, and the provisions of this section shall be applicable to the parent or parents of such child, and the provisions of this section shall be applicable to the parent or parents of such child.

RETURN OF A BIRTH. 53537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *27. Jan*
4. Place of Birth, (Street and Number) *1021 Arkland Ave*
5. Full Name of Mother, *Linn E Kelly*
6. Mother's Maiden Name, *Linn E Kelly*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *William Kelly*
9. Father's Occupation, *Iron moulder*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other person who makes this return, *Mrs. J. J. Smith*
- Address, *1256 E. High St.*
- Remarks,

894000372

and schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother, immediately after the birth of the child, shall appear before the Commissioner of Health, in the manner and within the period above required, and attend upon the mother, himself or herself, or some other person, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 25 Jan 1894

4. Place of Birth, (Street and Number) 407 Baltimore St

5. Full Name of Mother, Mrs. F. Jones

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edgar A. Jones

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Elizabeth Jones

Address, 116 E. Fort Ave Baltimore

Remarks,

8940000373

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or persons of such attendance upon the mother, immediately after the birth, shall be to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 27. 94
4. Place of Birth, (Street and Number) 2812 Lanvale St
5. Full Name of Mother, Martha Anna Ogle
6. Mother's Maiden Name, Waggoner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Ogle
9. Father's Occupation, Wagon stockyards
10. Father's Birthplace, Baltimore MD
- Name of Medical Attendant, or other person who makes this Return, Mary J. Perry
- Address, 2847 Lanvale St
- Remarks, _____

8940000374

CERTIFICATE AMENDED

3/13/74

RETURN OF A BIRTH. 53541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: LA REINE BLANCHE MC CARTHY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

27 January 1894

4. Place of Birth, (Street and Number)

1730 Light St

5. Full Name of Mother

Annie B. Mc CARTHY

6. Mother's Maiden Name

Annie G. Myers

7. Mother's Birthplace

Balto

8. Full Name of Father

Joseph William Mc CARTHY

9. Father's Occupation

Sailor

10. Father's Birthplace

Balto

Name of Medical Attendant, or other person who makes this Return

Mrs B. A. Brooks

Address

1828 Light St

Remarks

Doing Well

8940000376

here conferred the sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother to cause a child to report its birth to the office of the Commissioner of Health, in the form and within the period above required and to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940000377

RETURN OF A BIRTH. 53544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)— *1st*

1. Sex, (state whether male or female)— *Female*

2. Race or Color, (if not of the white race)— *White*

3. Date of Birth, *January 27, 1894*

4. Place of Birth, (Street and Number)— *Wallace St., Waverly*

5. Full Name of Mother, *Virginia Clements*

6. Mother's Maiden Name, *Virginia Smith*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Eugene Clements*

9. Father's Occupation, *Wood Worker*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other person who makes this Return, *Aug. A. Cresswell M.D.*

Address, *1241 Harford Ave*

Remarks,

8940000379

been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Health, within the third day of each and every month, or on the first day of the month following, to the Registrar of Health, the birth of any child, and the practitioner or physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be negligent in so doing, shall be liable to a fine of not less than five dollars and not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)— 1st child

1. Sex, (state whether male or female).... Male

2. Race or Color, (if not of the white race).... White

3. Date of Birth, 27th January 1894

4. Place of Birth, (Street and Number).... 1732 Hanover St

5. Full Name of Mother, Mary E. Brown

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Bernard Brown

9. Father's Occupation, Broker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. E. P. Brown

Address, 1822 Light St

Remarks, 1st child

8940000380

RETURN OF A BIRTH, 53546

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth January 27th 1894
4. Place of Birth, (Street and Number) apt 1040 Light St Baltimore
5. Full Name of Mother Mary Frances Hearwood
6. Mother's Maiden Name Mary Frances Burnes
7. Mother's Birthplace Baltimore
8. Full Name of Father Eugene Boned Hearwood
9. Father's Occupation Carpenter
10. Father's Birthplace Prince Georges County Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Conway
- Address _____
- Remarks _____

18940000381

When the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother to report to the child to report its birth to the nearest police station, or to the office of the Commissioner of Health, and within the period above required, and to the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

894000382

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, only signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or to the Registrar of Births, and shall occur without the attendance of the parent or other person, and should no other person be in attendance, the Practitioner shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with its provisions shall be liable to a fine of not less than five nor more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940000383

and the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, in person or by mail, and the practitioner shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 29 1893

4. Place of Birth, (Street and Number) 916 East. St.

5. Full Name of Mother, Annie Rufin

6. Mother's Maiden Name, Deamens

7. Mother's Birthplace, Johns River

8. Full Name of Father, John Rufin

9. Father's Occupation, Carpenter

10. Father's Birthplace, Lees Armee

Name of Medical Attendant, or other person who makes this Return, Mary Hughes

Address, 283 N Washington St

Remarks, _____

1894000385

any such person or persons shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 8th

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race)..... White

3. Date of Birth,..... 27th of January 94

4. Place of Birth, (Street and Number)..... 212 Bruce St

5. Full Name of Mother,..... Maria Kessler

6. Mother's Maiden Name,..... Maria Repp

7. Mother's Birthplace,..... Germany

8. Full Name of Father,..... Wilhelm Kessler

9. Father's Occupation..... Labor

10. Father's Birthplace,..... Germany

Name of Medical Attendant, or other person who makes this Return,..... Friedrike Kessler Midwife

Address,..... 2116 West Pratt St

Remarks,.....

1 8 9 4 0 0 0 0 3 8 6

RETURN OF A BIRTH. 53554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)-

1. Sex, (state sex)
2. Race or Color, (if not of the white race).

3. Date of Birth, -----

4. Place of Birth, (Street and Number)-

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

3. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 0 3 8 9

RETURN OF A BIRTH. 53533-
Statistics Board of Health, Baltimore City.

RETURN OF A DEATH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- No. of Child of _____
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, _____
4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, _____
6. Mother's Maiden Name, _____
7. Mother's Birthplace, _____
8. Full Name of Father, _____
9. Father's Occupation _____
10. Father's Birthplace, _____
- _____ or other person who makes this Return.

Father's Birthplace, _____
Name of Medical Attendant, _____ or other person who makes this Return _____

Address.

Remarks,

894 U 0 0 0 3 9 0

Wm. J. C. Dulany Co., City Printers and Stationers

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 0 3 9 1

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the child's complete medical history as furnished by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the attendants immediately thereafter, it shall become the duty of the person or persons so attending to report the birth to the Commissioner of Health, in the manner and within the period above said, and to cause the same to be duly recorded in the office of the Commissioner of Health. The fee for such record shall be \$10.00, payable by the person or persons who shall hereafter fail to comply with the provisions of this act, and shall be subject to the fine of ten (\$10) dollars for each offense. To be recovered in other fees and forfeitures are recoverable.

RETURN OF A BIRTH. 53557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 Jan

4. Place of Birth, (Street and Number) 213 W Central Ave

5. Full Name of Mother, Jennie Litchfield

6. Mother's Maiden Name, " Roller

7. Mother's Birthplace, Balto

8. Full Name of Father, William Litchfield

9. Father's Occupation, Car Conductor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Wrig

Address, 1302 W. Lexington St

Remarks,

1 8 9 4 0 0 0 0 3 9 2

RETURN OF A BIRTH. 53558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race) — White

3. Date of Birth, Jan 23 1861

4. Place of Birth, (Street and Number) — 118 S. 21. St. Chicago
Pauline Bokanan

5. Full Name of Mother, Mrs. Caroline
L. S. Crumansky

6. Mother's Maiden Name, B. Hume

7. Mother's Birthplace, Germany
Augustus B. Bohman

8. Full Name of Father, *House painter*

9. Father's Occupation _____
10. Birthplace Baltimore

10. Father & Brother
Name of Medical Attendant, or other person who makes this Return, James M. Skinner

Address, 23, P. O. Box 1, Kalamazoo, Mich.

Remarks.

8 9 4 0 0 0 0 3 9 3

RETURN OF A DEATH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white race
3. Date of Birth, January 28th
4. Place of Birth, (Street and Number) no 1430 Hanover street Baltimore
5. Full Name of Mother, Barbara Wengert
6. Mother's Maiden Name, Enfert
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Wengert
9. Father's Occupation, Labor
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Annie Marie Sweller
Address, no 1703 Hanover street Baltimore
Remarks,

8940000394

said schedule shall be delivered, duly signed by the practitioner in the course of his practice, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health, in case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other period be in compliance with the provisions hereafter set forth, it shall become the duty of the person or persons of such child to report as birth, and in case the child is born during the period above required, and any such person or persons who shall hereafter fail to comply with the provisions hereof, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED 10-11-56

53560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Geller

No. of Child. Mother, (state whether 1st, 2d, 3d, &c.)

Second 2nd

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

White

3. Date of Birth,

January 28th 1894

4. Place of Birth, (Street and Number)

536

St. Mary St

5. Full Name of Mother,

Francis Geller

6. Mother's Maiden Name,

Francis Krizan

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Peter Geller

9. Father's Occupation,

Shoe maker

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other person who makes this Return,

Wm A H. Sengels

Address,

543 N. W. 11th St.

Remarks,

18940000395

been collected, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health. In case the birth of any child shall occur on the third day of any month, the birth certificate shall be filed in the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the father to file the same in the office of the Commissioner of Health, and any such person or persons failing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 28 January

4. Place of Birth, (Street and Number) 1425 Audre st.

5. Full Name of Mother, Emmae Pater

6. Mother's Maiden Name, Sommer

7. Mother's Birthplace, Germany

8. Full Name of Father, Otto Pater

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Chas. M. Jones

Address, 1331 Pine St. Louis, Mo.

Remarks,

8940000396

been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, to be recorded between the first and second day of the month following the birth of the child. If any child is born, and the birth is not reported to the Commissioner of Health, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

10th

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

3. Date of Birth...

Jan. 28/94

4. Place of Birth, (Street and Number)...

513 N. Wolfe St.

5. Full Name of Mother...

Fredericka Lucker

6. Mother's Maiden Name...

Appell

7. Mother's Birthplace...

Germany

8. Full Name of Father...

Herman F. Lucker

9. Father's Occupation...

Merchant Tailor

10. Father's Birthplace...

New York

Name of Medical Attendant, or other person who makes this Return...

Mrs. Jennie Turner

Address...

19 N. Eden St.

Remarks...

8940000397

RETURN OF A BIRTH. 53563 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 5
1. Sex, (state whether male or female)... male
2. Race or Color, (if not of the white race)...
3. Date of Birth, 28 Jan 1894
4. Place of Birth, (Street and Number) 528 N. Central Ave
5. Full Name of Mother, Carrie Koningberg
6. Mother's Maiden Name, David
7. Mother's Birthplace, Poland
8. Full Name of Father, David Koningberg
9. Father's Occupation, Sailor
10. Father's Birthplace, Poland
- Name of Medical Attendant, or other person who makes this Return, Mrs Rose Ulbig
- Address, 1302 E Lexington St
- Remarks,

8940000398

When completed, the said schedule shall be filled out by the mother, immediately after the birth of the child, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the regulations of the Board of Health. The mother shall be liable for the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
the second of said month and every month to the office of the Registrar of Health. In case the birth of any child
shall occur without the attendance of a physician or midwife, or should no other person be present at the birth of such
child to report to the Registrar of Health, in the manner herein provided, within the period above required, and
any person who shall fail to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female 2.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan'y 28-94

4. Place of Birth, (Street and Number) 622 N. Lombard St. E

5. Full Name of Mother, Amie King

6. Mother's Maiden Name, -

7. Mother's Birthplace, -

8. Full Name of Father, -

9. Father's Occupation, -

10. Father's Birthplace, -

Name of Medical Attendant, or other person who makes this return, Dr. H. M. King

Address, 622 N. Lombard St. E

Remarks, -

1 8 9 4 0 0 0 3 9 9

any certificate shall remain in force for the birth which have occurred under his or her care during the month, and shall be set forth as far as the same can be ascertained, the full name and color of the child, if any shall have been conferred in the case of a child, the full name and color of the mother, the date of birth, and the day of each and every month of its parents, the date of a certificate of birth, and the attendance without the attendance of the mother, immediately after the birth, and the name of the person or persons, who shall become the duty of the mother, and within the period of the provisions of this section, and be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 53565-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Jan. 2nd 1894.*
4. Place of Birth, (Street and Number) *613 Hoffman St.*
5. Full Name of Mother, *Jennie Franklin*
6. Mother's Maiden Name, *Jennie Harris*
7. Mother's Birthplace, *Tn.*
8. Full Name of Father, *Samuel Franklin*
9. Father's Occupation, *Writer*
10. Father's Birthplace, *Tn.*
- Name of Medical Attendant, or other person who makes this Return, *W. F. Carr, Jr., M.D.*
- Address, *1062 Argyll Ave.*
- Remarks,

8940000400

53567
53568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2nd & 3rd. (Frisco)
Male & Female

Male & Female

the white race)

Law 28/94

53-2 Wilson, Jr.

Shayna, A. Maylan

B. Berge

Ireland.

Ireland. V
Joseph A. Krizan

Clarke

22

Lt. Christian M.D.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840.

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been conferred (in sex, color, the full name and occupation of its parents, the date and place of birth; and the third entry shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third copy of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, such child to be born to the Commissioner of Health, in the manner and within the period above required, be assigned to any person or persons who shall hereafter fail to comply with the provisions of this section shall be adjudged to the fine of ten (\$10) dollars each offense, to be recovered in other fines and forfeitures are recoverable.

been conferred his sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered to the office of the Registrar of Vital Statistics, Baltimore City, on the third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the Registrar of Vital Statistics, Baltimore City, shall be deemed to have been duly notified, and he shall become the duty of the person or persons of such injury, such person or persons who shall hereafter fail to comply with the provisions and forfeitures are, recoverable.

RETURN OF A BIRTH. 53569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 27 1894*
4. Place of Birth, (Street and Number) *24 Clarkson St*
5. Full Name of Mother, *Natie Reep*
6. Mother's Maiden Name, *Natie Bowersock*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Reep*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *Dr. R. Gaskin*
Address, *213 E. Keith St.*
Remarks, *Fairly Well*

18940000403

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and in the absence of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth of a child to report its birth to the office of the Commissioner of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 29 15

4. Place of Birth, (Street and Number) 1112 Station St

5. Full Name of Mother, Minnie Paul

6. Mother's Maiden Name, A. G. Schalk

7. Mother's Birthplace, City

8. Full Name of Father, James C. Paul

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, J. J. Paul

Address, 571 Station St

Remarks, _____

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the child schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the second day of the month, the practitioner shall deliver the certificate to the office of the Commissioner of Health immediately thereafter. It shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

29th Jan. 1894

4. Place of Birth, (Street and Number)

307 N. Broadway

5. Full Name of Mother,

Mary H. Lusk

6. Mother's Maiden Name,

Gifford

7. Mother's Birthplace,

City

8. Full Name of Father,

Benjamin F. Lusk

9. Father's Occupation,

Clerk

10. Father's Birthplace,

City

Name of Medical Attendant,

or other person who makes this Return,

E. P. Jones M.D.

Address,

1835 E. Baltimore St

Remarks,

1894000405

RETURN OF A BIRTH. 53574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Ninth Child*
 Sex, (state whether male or female) *Female*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *January 29th 1894*
 4. Place of Birth, (Street and Number) *832 Greenmount Ave*
 5. Full Name of Mother, *Mrs. Agnes Christina Rehrmann*
 6. Mother's Maiden Name, *Meyers*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Henry Michael Rehrmann*
 9. Father's Occupation, *Merchant Tailor*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, *Mrs. Gooden*
 Address, *832 Greenmount Ave*
 Remarks, *or other person who makes this Return.*

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) ¹³

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth. *Jan 29 1894*

4. Place of Birth, (Street and Number) *251 J. Durham St.*

5. Full Name of Mother, *Elizabeth Roach*

6. Mother's Maiden Name, *Copper*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Roach*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Summerset Co. Md*

Name of Medical Attendant, or other person who makes this Return. *Mary Stein*

Address, *421 E. Pratt St.*

Remarks, _____

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RETURN OF A BIRTH 53576

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female): *Female*

2. Race or color, (if not of the white race)

3. Date of Birth, Monday Jan. 29th

3. Date of Birth, *Monday Jan. 21, 1890*
4. Place of Birth, (Street and Number) *1230 Bayard St Baltimore Md*

5. Full Name of Mother ~~James~~ James

6. Mother's Maiden Name, *Anna Warren*

7. Mother's Birthplace, *off off* *et. et.* *Geo*

8. Full Name of Father, *Mr. Henry James*

9. Father's Occupation,

10. Father's Birthplace, , 27. 27. 2000

10. Father & Brother
Name of Medical Attendant, or other person who makes his Return.
17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 8

Name of Medical _____
Address, *X 818 Stockholm*

Address, ~~818~~ *Stockholm* ~~818~~ *Stockholm*

Remarks, Gracie Harris 818 Stock Water St

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7

- 1 8 9 4 0 0 0 4 1 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered to the office of the Commissioner of Health, in the form of a certificate between the first and third months after the birth of any child, or should no other certificate be received by the Commissioner of Health, within the first three months after the birth of any child, the birth of such child shall occur without the attendance of a physician or practitioner of health, immediately thereafter, it shall be the duty of the mother, immediately upon the birth of the child, to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons failing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-8-34
RETURN OF A BIRTH 53578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jane Anne Doolley
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 29, 1894
4. Place of Birth, (Street and Number) 1576 Barclay St
5. Full Name of Mother, Martha Thomas Doolley
6. Mother's Maiden Name, " " Vellies
7. Mother's Birthplace, Isle Wight Va
8. Full Name of Father, John A Doolley
9. Father's Occupation, Peumb
10. Father's Birthplace, Loudon Co. Va.
Name of Medical Attendant, or other person who makes this Return, Mary E Gibbs
Address, 914 Clifton Place
Remarks,

8940000412

said schedule shall be delivered, duly signed by the Registrar, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, to be filed in the office of the Registrar, and the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child occur within the period above required, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Ten

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

January 29, 1894

4. Place of Birth, (Street and Number)

Leonard Street East 41040

5. Full Name of Mother

Maggie Haysel

6. Mother's Maiden Name

Smith

7. Mother's Birthplace

Frederick County

8. Full Name of Father

Alfred Haysel

9. Father's Occupation

Leaver

10. Father's Birthplace

Jacksonville Mississippi

Name of Medical Attendant,

or other person who makes this Return

Susan Haysel

Address

#123 N. Surham St.

Remarks

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the person or persons of such child to report is or are, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29th Jan.
4. Place of Birth, (Street and Number) N. 1163 Bowen St.
5. Full Name of Mother, Carolina Vogt
6. Mother's Maiden Name, Kaltrahn
7. Mother's Birthplace, Magdeburg, Prussia, Germany
8. Full Name of Father, Gustav Vogt
9. Father's Occupation, Piano maker
10. Father's Birthplace, Magdeburg, Pr. Ger.
- Name of Medical Attendant, or other person who makes this Return, Mrs. M. Bischoff
- Address, N. 1136 Cleveland St.
- Remarks, _____

8940000415

RETURN OF A BIRTH. 53582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant,

or other person who makes this Return.

Address,

Remarks,

8940000416

and the date and place of birth; and the parent, of a certificate between the first and third day of each and every month to the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the parents or persons of such attendance report its birth to the Commissioner of Health, it shall become the duty of the Registrar to comply with the provisions of this section. Any person or persons who shall be convicted of any offence, to be recovered as other fines and forfeitures are recoverable, shall be liable to a fine of ten dollars for each offence.

RETURN OF A BIRTH. 53583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 29th of January 94
 4. Place of Birth, (Street and Number) 344 Schumacher St
 5. Full Name of Mother, Maria Sacks
 6. Mother's Maiden Name, Maria Reich
 7. Mother's Birthplace, Balto
 8. Full Name of Father, Bernhardt Sacks
 9. Father's Occupation, Labo
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Friederike Weiler Midwife
 Address, 2116 West Pratt St
 Remarks, _____

1 8 7 4 0 0 0 0 4 1 7

RETURN OF A BIRTH. 53584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female).... *female*

2. Race or Color, (if not of the white race)— white

3. Date of Birth, 29. January

4. Place of Birth, (Street and Number) 4001 1/2

5. Full Name of Mother, Pauline Scheu

6. Mother's Maiden Name, Pauline Petz

7. *Mother's Birthplace*,

8. Full Name of Father, Valentine Thomas

9. Father's Occupation..... *Restaurant Key*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return, Wm. Bee

Address, 17 Prince

Remarks.

8 9 4 0 0 0 0 4 1 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case the birth of any child is attended by a physician or practitioner of midwifery, or should no other person be present, the attendance upon the mother, immediately thereafter, in a suitable manner and within the period above required, such child to report its birth to the Commissioner, and any such person or persons who shall neglect to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ³⁵⁸⁵
335-86
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored.*

3. Date of Birth, *Jan'y 29-94*

4. Place of Birth, (Street and Number) *1342 Cleveland Street.*

5. Full Name of Mother, *Julia Cross*

6. Mother's Maiden Name, *—*

7. Mother's Birthplace, *—*

8. Full Name of Father, *—*

9. Father's Occupation, *—*

10. Father's Birthplace, *—*

Name of Medical Attendant, or other person who makes the return, *O. B. Stone M.D.*

Address, *622 Lombard Street.*

Remarks, *—*

18940000419

Every child shall be delivered, duly signed by the practitioner of Health. In case the birth of a child shall occur without the attendance upon the mother of a midwife, or the person or persons of such attendance upon the mother shall become known to the Commissioner of Health, he shall immediately thereafter, in compliance with the provisions of this section, report the birth of such child to the Commissioner of Health, and shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Jan 29th 1894
4. Place of Birth, (Street and Number) Indefinite Hospital
5. Full Name of Mother, Lizzie Harris
6. Mother's Maiden Name, "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Not Known
9. Father's Occupation, "
10. Father's Birthplace, "
- Name of Medical Attendant, or other person who makes this Return, William Boniton, M.D.
- Address, Indefinite Hospital
- Remarks, "

+ 8940000420

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, but any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 635-88

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 30. 94
4. Place of Birth, (Street and Number) 738 W. Hamburg
5. Full Name of Mother, Mary Burkman
6. Mother's Maiden Name, " Bode
7. Mother's Birthplace, Balt.
8. Full Name of Father, George C. Burkman
9. Father's Occupation, Collar-maker
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other Person who makes this Return, C. L. Baddenbuhn
- Address, 418 S. Paca St.
- Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female).

2. Race or Color, (if not of the white race) 9

3. Date of Birth,

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace*
Name of Medical A

Name of Medical Attendant, or other person who makes this Return,

Address, S.C.C. L.A.

Remarks,

8 4 4 0 0 0 4 2 2

in case the mother is unable to sign, the signature of the practitioner of medicine or other person be in lieu of the mother's signature. In case the mother is unable to sign, the signature of the practitioner of medicine or other person be in lieu of the mother's signature. In case the mother is unable to sign, the signature of the practitioner of medicine or other person be in lieu of the mother's signature.

RETURN OF A BIRTH. 53590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 30 January 1894

4. Place of Birth, (Street and Number) Balke St city

5. Full Name of Mother, Mary Abbey

6. Mother's Maiden Name, Mary Taylor

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, George Abbey

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, Bornstein Allen

Address, 1407 Nicholson St city

Remarks, 18940000423

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 30th '94

4. Place of Birth, (Street and Number) 1400 Division St.

5. Full Name of Mother, Celia Maddon

6. Mother's Maiden Name, " M^{rs} Carty

7. Mother's Birthplace, City

8. Full Name of Father, *Richard Maddox*

9. Father's Occupation. Merchant

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. F. T. Gardner

Address, 424 N. Greene St.

Address, _____

Remarks, _____

been conferred its sex, color, the full name and occupation of its parents, its date and place of birth, and shall schedule that and deliver it to the office of the Commissioner of Health. In case the birth of any child in the third day of each and every month shall be reported to the Commissioner of Health, no other person be liable shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its mother to the Commissioner of Health, in the manner and within the period above required, and shall be liable for each offense, who shall hereafter fail to comply with the provisions of this section shall be liable with such person or persons, who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable, excepted to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

This schedule shall be delivered, daily signed by the practitioner in the presence of the parent, the date and place of birth, and the name and occupation of the parent, to the office of the Commissioner of Health, in the City of Baltimore, within the period of one month after the birth of each child, and every month to the office of the Commissioner of Health, in the City of Baltimore, until the child has attained the age of one year. The parent or person who shall fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Births
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 30
4. Place of Birth, (Street and Number) 1819 North Stricker St.
5. Full Name of Mother, Maggie Cunningham
6. Mother's Maiden Name, Mag. Repahan
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Th. Cunningham
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore City
Name of Medical Attendant, or other person who makes this Return, Mrs. Mary A. Shockey
Address, 731 Cumberland St.
Remarks, 731 Cumberland St.

8440000425

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration, and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of the child, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be liable to a fine not exceeding ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 535 93

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) M.

2. Race or Color, (if not of the white race) W.

3. Date of Birth, 30 Jan. 1894

4. Place of Birth, (Street and Number) 818 W. Fremont Ave.,
Ellen M. Gross,

5. Full Name of Mother, Novice

6. Mother's Maiden Name, Balto. City,

7. Mother's Birthplace, Chas. J. Gross,

8. Full Name of Father, Piero-marcel,

9. Father's Occupation, Balto. City,

10. Father's Birthplace, J. J. Engle W. D.

Name of Medical Attendant, or other person who makes this Return, 1007 W. Tawale

Address, _____

Remarks, Chase sent 8940000426

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second lines of the said schedule, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or persons of such child to report its birth to the County Commissioner of Health, and if he or she shall fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jan 30th 1894

4. Place of Birth, (Street and Number)

543 N. Jay St.

5. Full Name of Mother,

Beaul Cross

6. Mother's Maiden Name,

Gross

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

George Thomas Cross

9. Father's Occupation,

Wet merchant

10. Father's Birthplace,

B. C.

Name of Medical Attendant, or other person who makes this Return,

John W. Hill M.D.

Address,

807 N. Arlington Ave

Remarks,

1 8 9 4 0 0 0 4 2 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

8940000429

and the child shall be delivered to the mother, or to the person who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 30 1894

4. Place of Birth, (Street and Number) 2414 Lancaster

5. Full Name of Mother, Annie Mary Hartman

6. Mother's Maiden Name, " Plummer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Thomas Hartman

9. Father's Occupation, Rail Road

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. P. Phipps M.D.

Address, 14 N. Baltimore St.

Remarks,

+ 8 9 4 0 0 0 4 3 0

and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of such confinement, and shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, and shall be subject to the provisions of this section. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or if the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance upon the mother, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such report shall be subject to the provisions of this section. Any person who fails to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in either fine or imprisonment at the discretion of the court.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 30 - 1894

4. Place of Birth, (Street and Number)

1824 E. Lambert St.

5. Full Name of Mother,

Maggie Goetz

6. Mother's Maiden Name,

Behm

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Barber Goetz

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who
makes this Return

Mary Stein

Address,

1427 E. Pratt St.

Remarks,

18940000431

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, the parent or parents of such child shall be liable to a fine of ten dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 53599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 48
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 January 1894
4. Place of Birth, (Street and Number) 420 Register St
5. Full Name of Mother, Janny Kreg
6. Mother's Maiden Name, Janny Costia
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, William Kreg
9. Father's Occupation, Lauben
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, Ellen Smith
- Address, 504 N Washington St
- Remarks, _____

1 6 9 4 0 0 0 4 3 2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*—

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*—

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1202 27

Remarks,

1 8 9 4 0 0 0 0 4 3 3

[illegible]

RETURN OF A BIRTH. 53602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30 January 11.

4. Place of Birth, (Street and Number) 1140 Balt St.

5. Full Name of Mother, Jane Lank.

6. Mother's Maiden Name, Jane Scott.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Corbin Lank.

9. Father's Occupation, Mechanic

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Bangs

Address, 111 Green Street

Remarks,

1 8 9 4 0 0 0 0 4 3 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of January, and shall be submitted to the office of the Commissioner of Health. In case the birth of any child shall occur on the first, second or third day of January, the practitioner shall be required to submit to the office of the Commissioner of Health, immediately after the birth of the child, a certificate in the form of a certificate between the first and third day of January, and shall be submitted to the office of the Commissioner of Health. In case the birth of any child shall occur on the first, second or third day of January, the practitioner shall be required to submit to the office of the Commissioner of Health, immediately after the birth of the child, a certificate in the form of a certificate between the first and third day of January, and shall be submitted to the office of the Commissioner of Health.

RETURN OF A BIRTH. 53603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 30 1894,

4. Place of Birth, (Street and Number) 2535 Canton Ave

5. Full Name of Mother, Annie Bonley

6. Mother's Maiden Name, Annie Josh

7. Mother's Birthplace, Balto

8. Full Name of Father, Martin Bonley

9. Father's Occupation, Sailor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary S Swayne

Address, 824 Canton St

Remarks, _____

8940000436

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the parent or parents of such child shall cause the same to be entered in the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 4 3 7

and in case the birth of a child occurs within the third day of each and every month of a physician or practitioner of midwifery, or the mother, immediately thereafter it shall become the duty of the person or persons of such class to report its birth to the Commissioner of Health, and any such person or persons who fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940000438

RETURN OF A BIRTH ⁵³⁶⁰⁶
 CHILD NAME ADDED 3-29-66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), leucous
3. Date of Birth, Jan. 30th 1894
4. Place of Birth (Street and Number), 529' Doeflin
5. Full Name of Mother, Serico Rider
6. Mother's Maiden Name, Serico Penn
7. Mother's Birthplace, Maryland
8. Full Name of Father, William P. Rider
9. Father's Occupation, Minister
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. *A. M. Hoyer*

Address,

Remarks,

8 9 4 0 0 0 0 4 3 9

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first-child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, ³inst Mar 1906

4. Place of Birth, (Street and Number) Baltimore Md. 621 N. Grant St.

5. Full Name of Mother, Loren B. Watkins

6. Mother's Maiden Name, Luen B. Kikawa

7. Mother's Birthplace, New-kent Co Va

8. Full Name of Father, Lewis E. Mattison

9. Father's Occupation: Drumman

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Elizabeth M. M. M. M.

Address, Room 30

Remarks, _____

ten cents per copy, except that the fee for the first copy of the schedule shall be delivered daily to the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the fee shall be paid to the practitioner upon the mother immediately thereafter. It shall become the duty of the period physician to report to the Commissioner of Health, in the manner and within the provisions of this section shall be paid any such person or persons who shall be found to have failed to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, and such fines and forfeitures are recoverable.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month, or at such other time as may be determined by the Board of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the practitioner to comply with the provisions of this section, and any person or persons failing to do so shall be liable to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53609
53610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11 and 12

1. Sex, (state whether male or female)

Males

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 30 / 94

4. Place of Birth, (Street and Number)

326 N. Fremont Ave.

5. Full Name of Mother,

Caroline Schroepfer

6. Mother's Maiden Name,

Baumhardt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Godfrey Schroepfer

9. Father's Occupation

Store Keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return.

Dr. Woodward

Address,

Remarks,

Properly attested

4440000442

RETURN OF A BIRTH. 536/4 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 30/94

4. Place of Birth, (Street and Number) 746 Mc Henry St

5. Full Name of Mother, Margaret Jane Davis

6. Mother's Maiden Name, Webster

7. Mother's Birthplace, City

8. Full Name of Father, William Wilson Davis

9. Father's Occupation, Carpenter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, H. W. Weber, M.D.

Address, 723 N. Lombard St.

Remarks, Natural Labor

1 8 9 4 0 0 0 4 4 6

See instructions on back of this form. In case the birth of any child is reported to the Registrar of Vital Statistics, Baltimore City, by a physician, midwife, or other person, the Registrar shall be notified by the practitioner in the form of a certificate between the first and third day of the month in which the birth occurs. In case the birth of any child is reported to the Registrar of Vital Statistics, Baltimore City, by a physician, midwife, or other person, the Registrar shall be notified by the practitioner in the form of a certificate between the first and third day of the month in which the birth occurs. In case the birth of any child is reported to the Registrar of Vital Statistics, Baltimore City, by a physician, midwife, or other person, the Registrar shall be notified by the practitioner in the form of a certificate between the first and third day of the month in which the birth occurs.

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, in case the birth of any child shall occur without the aid of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2
Male
Colored

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 30-94
506 King Street.

4. Place of Birth, (Street and Number)

Jessie Johnson.

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who
attends this Return.

O. B. Stone M.D.

Address,

677 W. Lombard Street.

Remarks,

1 8 9 4 0 0 0 0 4 4 7

RETURN OF A BIRTH. 53616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, ~~2d~~, 3d, &c.)

1. Sex, (state whether ~~male~~ or female).

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....Negroes

2. Race or Color, (if not of the white race).

3. Date of Birth, 2-4-6

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Address, _____
Remarks, Very Clearing up

18440000448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan'y 31st 1894*

4. Place of Birth, (Street and Number) *#1541 Milliman St*

5. Full Name of Mother, *Rebecca Friedman*

6. Mother's Maiden Name, *Lillaner*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Isaac A. Friedman*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return, *A. Bennett M.D.*

Address, *#1025 N. Caroline St*

Remarks, _____

1-8940600449

RETURN OF A BIRTH. 53618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) First Child
 Sex. (state whether male or female) Male
 1. Race or Color, (if not of the white race) _____
 2. Date of Birth. January 31, 1894
 3. Place of Birth. (Street and Number) 1002 Clifton Place
 4. Full Name of Mother, Mary A. R. Kilduff } Mary,
 5. Mother's Maiden Name, Feltman } Angela,
 6. Mother's Birthplace, Baltimore } Rosa Kilduff
 7. Full Name of Father, Bernard Joseph Kilduff
 8. Father's Occupation, Printer
 9. Father's Birthplace, Baltimore
 10. Name of Medical Attendant, or other person who makes this Return, Mrs. Wooden
 Address, 883 Greenmount avenue
 Remarks, _____

+ 8940000450

RETURN OF A BIRTH. 53620
 Statistics Board of Health, Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
(female) 1. Lena

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*..

5. Full Name of Mother, -

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation*—

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1427 E. Pratt St

Remarks,

8 9 4 0 0 0 0 4 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 536 21

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. d
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 31 January 1894
 4. Place of Birth, (Street and Number) 321 Durham St
 5. Full Name of Mother, Mary Tomson
 6. Mother's Maiden Name, Mary Tormen
 7. Mother's Birthplace, Baltimore Md
 8. Full Name of Father, James Tomson
 9. Father's Occupation, Boilermaker
 10. Father's Birthplace, Baltimore Md.
 Name of Medical Attendant, or other person who makes this Return, Ellen Smith
 Address, 504 98 Washington St.
 Remarks, _____

18940000453

been certified in sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered monthly to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the parent or other person in whose household the child is born shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 31st

4. Place of Birth, (Street and Number) 1712 Gay St.

5. Full Name of Mother, Rommel

6. Mother's Maiden Name, Arbea Krid

7. Mother's Birthplace, Germany

8. Full Name of Father, Andrew Rommel

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Burns

Address, _____

Remarks, _____

894000456

RETURN OF A BIRTH. 53625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

D. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and, if the child is illegitimate, the date and place of its birth. The certificate shall be signed by the physician or midwife, and shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child on the third day of each and every month of the year shall be reported to the Commissioner of Health, no such certificate shall occur without the consent of a physician or practitioner of midwifery, or should no other person be in attendance upon the child, immediately thereafter, it shall become the duty of the person or persons of such attendance to report the birth to the Commissioner of Health, in the manner and within the time specified in this section. If any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health, or should no birth of any child occur within the month, immediately thereafter, in the manner and within the time specified in the regulations. Any person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 1-7-57
RETURN OF A BIRTH.

53626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Richard Jerome Gatz
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 31st 1894
4. Place of Birth, (Street and Number) Balto. Md. 848 Columbia Ave.
5. Full Name of Mother, Annie A. Gatz
6. Mother's Maiden Name, Annie A. Shea
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George J. Gatz
9. Father's Occupation, Laborer
10. Father's Birthplace, Wayland, Eastern Shore, Md.
Name of Medical Attendant, or other person who makes this Return, Susan Hunter
Address, 234 Poppleton St.
Remarks,

8940000458

been conferred its sex, color, age, weight and occupation to its parents, the said parent or parents shall sign the said certificate and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of the child, in the manner and within the time specified in the said section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 53627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 31st of January

4. Place of Birth, (Street and Number) Baltimore City 918 N. Pratt St

5. Full Name of Mother, Mary Ann Flanagan

6. Mother's Maiden Name, Mary Ann Flanagan

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, James J. Flanagan

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Louisville Kentucky

Name of Medical Attendant, or other person who makes this Return, Bridget O'Hayer

Address, 924 Hallins St

Remarks, _____

8940000459

been conferred its sex, color, the full name and occupation of its parents, at the time of its birth, and the date of its birth, in case the birth of any child shall be attended by a physician or midwife, or should no other person be present at the birth of such child, the person attending upon the mother, immediately after the birth, shall be required to report the birth of such child to the Office of the Registrar of Vital Statistics, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 63630 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (State whether male or female) *male*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *January 1st 1894*

4. Place of Birth, (Street and Number) *147 E. Randall St*

5. Full Name of Mother, *Sadie Ruark*

6. Mother's Maiden Name, *Sadie Rock*

7. Mother's Birthplace, *Baltimore City Md*

8. Full Name of Father, *Charles M. Ruark*

9. Father's Occupation, *Ship Carpenter*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *E. K. Wiley M.D.*

Address, *192 724 N. Leary St*

Remarks, *18940000462*

RETURN OF THE

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

- Wm. J. C. Dulany Co., City Printers and Stationers.

seen conferred in sex, color, the full name and occupation of its parents, the date and place of birth, and the third child of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) VI
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 1/94
4. Place of Birth, (Street and Number) 1802 E. Lombard str.
5. Full Name of Mother, Annie Kircher
6. Mother's Maiden Name, " Michels
7. Mother's Birthplace, Balto.
8. Full Name of Father, Anton Kircher
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.
Name of Medical Attendant, or other person who makes this Return, Mrs. Dissenhofer
Address, 2325 Gough str.
Remarks, 8940000464

aid schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the third day of each and every month, the practitioner shall become the duty of the person or persons of such attendance upon the birth of the child, in the manner and within the period above required, and shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Scion*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 2 - 94*
4. Place of Birth, (Street and Number) *222 N. Hillman St*
5. Full Name of Mother, *Margaret Mullin*
6. Mother's Maiden Name, *Russie*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Peter B. Mullin*
9. Father's Occupation, *Fireman in B. C. & D.*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *W B Perry MD*
Address, *700 E. E. Lane St*
Remarks, _____

8940000466

Section 11. Whenever the sex, color, the full name and occupation of the parent, the date and place of birth, and the said schedule shall be delivered, duly signed and attested in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child is attended by a physician or practitioner of midwifery, or should no other person be present, the attendance upon the mother, immediately thereafter, it shall become the duty of such person to report to the Commissioner of Health, within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 2d Jan 1893
4. Place of Birth, (Street and Number) 19 Otis St
5. Full Name of Mother, Carrie Krausz
6. Mother's Maiden Name, " Rathell
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Geo J Krausz
9. Father's Occupation, Brush Maker
10. Father's Birthplace, Balt Md
- Name of Medical Attendant, or other person who makes this Return, Mrs Elizabeth Jewell
- Address, 424 E. Fort ave Balt Md
- Remarks, _____

6940000467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*
Name of Medical Attending

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 0 4 6 9

[illegible]

RETURN OF A BIRTH. 53638 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan'y 2nd 1894

4. Place of Birth, (Street and Number) 609 W. Lee St

5. Full Name of Mother, Victoria N. Courtney

6. Mother's Maiden Name, Hudson

7. Mother's Birthplace, Va

8. Full Name of Father, Floyd A. Courtney

9. Father's Occupation, Marine

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, R. C. Lee

Address, N. W. corner Harmon & Barr Sts

Remarks,

1 8 9 4 0 0 0 0 4 7 0

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its birth. In case the birth of any child shall occur within the third day of each and every month, the physician or practitioner in the office of the Commissioner of Health, or should no other report of such birth occur within the third day of each and every month, the mother, immediately thereafter, in the manner and within the time specified in the regulations of this section shall be subject to the fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53640

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name, _____
Birthplace, _____

7. *Mother's Birthplace,*—

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Further's Birthplace, _____
Name of Medical Attendant, _____ or other person who makes this Return

Name of Medical Attendant, *1828 Light St*
Address, *Prison House*

Address, Living Well
Remarks, 87400

Remarks, 8 9 4 0 0 0 0 4 7 2

[illegible]

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month in which the birth occurs, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, of such persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *January 3, '91*

4. Place of Birth, (Street and Number) *1425 Hanover St.*

5. Full Name of Mother, *Elizabeth Council*

6. Mother's Maiden Name, *Elizabeth Murphy*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Abner Council*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Lina Haller*

Address, *1333 Hill St*

Remarks,

1 8 9 4 0 0 0 0 4 7 3

RETURN OF A BIRTH. 53642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Co

1. Sex, (state whether male or female) male
shrub

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 3 1884

3. Date of Birth, Jan 3 1917
4. Place of Birth, (Street and Number) 301. Roia St

4. Place of Birth, (Street and Town)
5. Full Name of Mother, Martha Gaylor
Small

5. Full Name of Mother, Martha Fairhall
6. Mother's Maiden Name, B. F. Fairhall

6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Baltimore

8. Full Name of Father, James E. Taylor

8. Full Name of Father James

9. Father's Occupation Master

10. Father's Birthplace, Bergama the person who creates violence

10. Father's Intimacy, *2*
Name of Medical Attendant, *P. J. H. H.* or other person who makes this Return, *Charles C. C. C.*

Name of Member James H. Preston
Address, 508. Preston St.

Address, 901

Remarks, _____

6 9 4 0 0 0 0 4 7

been conferred, his sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly filled out, to the Registrar of Vital Statistics, Baltimore City, and shall be retained by him until the child has attained the age of one year, after which it shall be returned to the parent or other person who shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section. Any person who fails to do so shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53645-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 1st 1884

4. Place of Birth, (Street and Number)

4 Vincenti Infant Asylum

5. Full Name of Mother

Hattie Fairbank

6. Mother's Maiden Name

"

7. Mother's Birthplace

Mass.

8. Full Name of Father

John F. Fairbank

9. Father's Occupation

"

10. Father's Birthplace

"

Name of Medical Attendant, or other person who makes this Return

Dr. B. B. B. B. B.

Address

607 Lombard St

Remarks

18940000477

been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and the person or persons failing to do so shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 3/94

4. Place of Birth, (Street and Number) 1731 Fairmount Ave.

5. Full Name of Mother, Julia Cacace

6. Mother's Maiden Name, Massa

7. Mother's Birthplace, Italy

8. Full Name of Father, J. Cacace

9. Father's Occupation, Captain

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. Weisenhofer

Address, 2225 Long Str.

Remarks, _____

1 8 9 4 0 0 0 0 4 7 8

RETURN OF A BIRTH. 53647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan. 5

4. Place of Birth, (Street and Number)

115 W. Lombard St.

5. Full Name of Mother

Mellie Rasamowitz

6. Mother's Maiden Name

Rusini

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

C. J. Keer

Name of Medical Attendant, or other person who makes this Return.

Address

115 W. Lombard St.

Remarks

18940000479

been conferred its sex, color, the full name and occupation of its parent, its date and place of birth, and the said schedule shall be delivered, duly signed and attested, to the Office of the Commissioner of Health. In case the birth of any child shall occur on the third day of each month, the attendance of a physician or practitioner of midwifery, or should no other person be present, the attendance upon the mother, immediately thereafter, in a hospital or other place, shall be required, and the manner and within the period above required, and child to report its birth to the Commissioner of Health, and the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ... *Male*

2. Race or Color, (if not of the white race) — Col.

3. Date of Birth, Emily
..... 12 Feb

4. Place of Birth, (Street and Number)..... 20172

5. Full Name of Mother, Helena E. Wilson

6. Mother's Maiden Name, Black

7. Mother's Birthplace, Edinburgh 716

8. Full Name of Father, Porter

10. Father's Birthplace, Hartinsburg

Name of Medical Attendant, or other person who makes this Return, John A. [Signature]

Address. _____

Remarks, _____

1 8 9 4 0 0

any such person or persons who shall thereafter fail to be recovered as other fines and forfeitures are recoverable, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 4 0 0 0 0 4 8 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the said practitioner and the mother, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother, immediately thereafter, it shall become the duty of the mother to report its birth to the Commissioner of Health, in the manner and within the period above required, and if she fail to do so, she shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 6, 1894

4. Place of Birth, (Street and Number) 619 N Chapel st.

5. Full Name of Mother, Annie Zink

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Germania

8. Full Name of Father, Charles Zink

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Henry Kaptish

Address, 205 N Washington St

Remarks, _____

18940000481

RETURN OF A BIRTH. 53650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 7, 94

4. Place of Birth, (Street and Number)

115 W. Lombard St.

5. Full Name of Mother,

Gusta Rohrer

6. Mother's Maiden Name,

Md

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

C. S. New

Address,

115 W. Lombard

Remarks,

1 8 9 4 0 0 0 0 4 8 2

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the usual residence shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other duly qualified person, the parent or person having charge of the child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

been conferred the sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the day of the birth of such child shall be reported to the Commissioner of Health, in the manner and within the period above required, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 8th

4. Place of Birth, (Street and Number) 25 D Street Ee

5. Full Name of Mother, Alice Fitzgerald

6. Mother's Maiden Name, " Tyler

7. Mother's Birthplace, Ala.

8. Full Name of Father, J. P. Fitzgerald

9. Father's Occupation, Bakerman

10. Father's Birthplace, W. Virginia

Name of Medical Attendant, or other person who makes this Return, Dr. B. B. B. B. B.

Address, 571 S. ...

Remarks,

18940000483

RETURN OF A BIRTH. 53653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

When a child is born, the father, mother, or other person who makes this return, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 8. 94

4. Place of Birth, (Street and Number) 115 W. Lombard St

5. Full Name of Mother, Katie Moran

6. Mother's Maiden Name, N. Y.

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, C. S. Mee

Address, 115 W. Lombard St

Remarks, —

8940000484

RETURN OF A BIRTH. 53653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 January 1894

4. Place of Birth, (Street and Number) 1543 Light St

5. Full Name of Mother, Mary A. Knuck

6. Mother's Maiden Name, Mary A. Knapp

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, John A. Knuck

9. Father's Occupation, Labar

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. A. L. Brooks

Address, 1528 Light St

Remarks, Head

8940000485

been conferred in sex, color, the child's name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person or persons of such attendance upon the child shall be to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 9. 1894.
4. Place of Birth, (Street and Number), 1704. Fairmount Ave.
5. Full Name of Mother, Mary Sadie
6. Mother's Maiden Name, Germanie
7. Mother's Birthplace, Germanie
8. Full Name of Father, Friederick Wetzelberger
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germanie
Name of Medical Attendant, or other person who makes this Return, Mary Kaptish
Address, 205. N. Washington St.
Remarks, _____

8940000486

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

53655

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan'y 10th 1894.

4. Place of Birth (Street and Number)

645 Columbia Ave

5. Full Name of Mother

Annie L Burch

6. Mother's Maiden Name

Annie L Kirby

7. Mother's Birthplace

Balti City Md

8. Full Name of Father

Thaddeus A Burch

9. Father's Occupation

Salesman

10. Father's Birthplace

St Mary's Co Md

Name of Medical Attendant, or other Person who makes this Return.

T Edward Kirby Md

Address

645 Columbia Avenue

Remarks

Balti Md

18940000487

human conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of registration. The certificate shall be delivered, duly signed by the practitioner, to the parent or guardian of the child, and shall be retained by the parent or guardian for three months after the date of birth. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the parent or guardian shall report the birth to the Commissioner of Health, immediately thereafter. It shall become the duty of the parent or guardian to report the birth of any child to the Commissioner of Health, immediately thereafter. The provisions of this section shall be subject to the provisions of the law relating to the recovery of other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-12-59 RETURN OF A BIRTH. 53656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Roger Ross

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Jan 10th 1894*

4. Place of Birth, (Street and Number) *320 Rosa*

5. Full Name of Mother, *Isadora Ross*

6. Mother's Maiden Name, *Brown*

7. Mother's Birthplace, *Emmett Barge County*

8. Full Name of Father, *Willie Ross*

9. Father's Occupation, *Cook*

10. Father's Birthplace, *Columbiana County*

Name of Medical Attendant, or other person who makes this Return, *Hecker Baltimore*

Address, *320 Rosa*

Remarks,

18940000488

RETURN OF A BIRTH. 53657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)---

2. Race or Color. (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1828 Legat St.

Remarks. *Sp. 1000*

8 9 4 0 0 0 0 4 8 9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wm. J. C. Dulany Co., City Printers and Stationers.

894000491

month, and shall act forth as far as the same can be ascertained the full name of each child, its date and place of birth, and the date and place of its death, and shall be delivered daily signed by the practitioner in the form of a certificate to the Registrar of Vital Statistics, Baltimore City, who shall file the same in the office of the Registrar of Vital Statistics, Baltimore City, and shall be subject to the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 11, 1894

4. Place of Birth, (Street and Number) No. 1813 Hanford ave.

5. Full Name of Mother, Edith Wilson

6. Mother's Maiden Name, Edith Stevens

7. Mother's Birthplace, Maryland

8. Full Name of Father, Wm. L. Wilson

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return, Aug. A. Blewett M.D.

Address, 11241 Hanford ave

Remarks, _____

8 9 4 0 0 0 0 4 9 4

month, and a full set of teeth, and the name can be ascertained, the full name of each child, if any, shall have been contained in the certificate, and the name of the mother, the date and place of birth, and the sex of the child, shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or person, no other person shall be in attendance upon the mother, immediately after the birth of the child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 Jan

4. Place of Birth, (Street and Number) 117 W. Frederick st

5. Full Name of Mother, Helenette Teich

6. Mother's Maiden Name, " Hendrick

7. Mother's Birthplace, Europe

8. Full Name of Father, John Teich

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Ulbig

Address, 1302 E. Lexington st

Remarks,

8940000496

been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the names of the physician or practitioner in the form of a certificate between the first and third of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother and the person attending her shall be liable to report the birth of the child to report its birth to the office of the Commissioner of Health, in the manner and within the period above required, and be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53665-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *Luxemb 2nd*
1. Sex, (state whether male or female)... *Male*
2. Race or Color, (if not of the white race)... *White*
3. Date of Birth... *January 2nd 1894*
4. Place of Birth, (Street and Number)... *1344 Pennsylvania Ave*
5. Full Name of Mother... *Ernestina Klamaski*
6. Mother's Maiden Name... *Ernestina Klamaski*
7. Mother's Birthplace... *Germany*
8. Full Name of Father... *Anton Klamaski*
9. Father's Occupation... *Painter*
10. Father's Birthplace... *Germany*
- Name of Medical Attendant, or other person who makes this Return... *Max Anna Klamaski*
- Address... *573 Mt. Meade St*
- Remarks...

1 8 9 4 0 0 0 4 9 7

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the practitioner in the form of a certificate before the birth of any child shall be required to be filed in the office of the Commissioner of Health, and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of the child, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this act, or who shall be convicted of any offense, shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Ethel Warner Kelly*
3. Date of Birth, *Jan. 13, 1894.*
4. Place of Birth, (Street and Number) *905 N. Charles St.*
5. Full Name of Mother, *Laetitia Kelly.*
6. Mother's Maiden Name, *Laetitia Bredow*
7. Mother's Birthplace, *Stettin Germany.*
8. Full Name of Father, *Howard A. Kelly.*
9. Father's Occupation, *Physician*
10. Father's Birthplace, *Camden, N. J.*
Name of Medical Attendant, or other person who makes this Return, *Howard A. Kelly.*
Address, *905 N. Charles St.*
Remarks, *Full name of child added from a letter from father, Dr. Howard A. Kelly. Filed by Reg. No. 1 E. Wehr - Reg - June 7 1894.*

5940000498

RETURN OF A BIRTH. 53667

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- No. of Children *1*
1. Sex, (state whether male or female) *white*
2. Race or Color, (if not of the white race) *Jan 15 1894*
3. Date of Birth, *451 N. Green St*
4. Place of Birth, (Street and Number) *May, Boston*
5. Full Name of Mother, *M. Chavannes*
6. Mother's Maiden Name, *Mrs. Davis*
7. Mother's Birthplace, *Rev. E. Boston*
8. Full Name of Father, *Chen*
9. Father's Occupation, *City*
10. Father's Birthplace, *St. Bonch, Ind*
- Name of Medical Attendant, or other person who makes this Return, *Dr. H. H. H. H.*
- Address, *8-8-52*
- Remarks, *CHILD TIME ADDED*

Many Books
" Chavannes
Mrs. India
Rev. E. Boker

Clark
City
J. B. Bouch, Esq.
841 St. Louis

8418 *Fumaria*

8-8-52

DATE TIME ADDR

8-8-52

~~8 9 4 0 0 0 0 4 9 9~~

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Raymond

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)..... 16th Jan 1894

3. Date of Birth, 16 Jan 1811 12 1/2 Obeyette

4. Place of Birth, (Street and Number).....
Lachina Phah

5. Full Name of Mother, Sophia Jashe

6. Mother's Maiden Name, .. Balta

7. Mother's Birthplace, Geo Pohl

8. Full Name of Father, James
Sailor

9. Father's Occupation.....
Birthplace..... Balto

10. *Father's Birthplace,* _____
Name of Medical Attendant, _____ or other person who makes this Return, *Mrs. R. W. Berg*

Name of Member: Richard E. Lexington

Address,

Remarks, _____

Wm. C. Dulany Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color. (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8940000503838

been conceived; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, and shall occur upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to be fined to the sum of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether male or female)..... *male*
2. Race or Color, (if not of the white race)..... *Colored*
3. Date of Birth,..... *January 19th 1884*
4. Place of Birth, (Street and Number)..... *Baltimore No. 822 Union St*
5. Full Name of Mother,..... *Rosa E. Weldon*
6. Mother's Maiden Name,..... *Rosie E. Gabb*
7. Mother's Birthplace,..... *Richmond Va*
8. Full Name of Father,..... *Charles Weldon*
9. Father's Occupation..... *Water*
10. Father's Birthplace,..... *West Va*
- Name of Medical Attendant, or other person who makes this Return,..... *Miss Anna Corriest*
- Address,.....
- Remarks,

1 8 9 4 0 0 0 0 5 0 5

53674

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female*

1. Sex, (state whether male or female). Colored
2. Race or Color, (if not of the white race). Colored
3. Date of Birth, June 20 1894
4. Place of Birth, (Street and Number) 102 Pine St
5. Full Name of Mother, Mamelled Smith
6. Mother's Maiden Name, Mamelled Davis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Smith
9. Father's Occupation, Shoeboring
10. Father's Birthplace, Baltimore
Name of Medical Attendant, Walter Tolson
or other person who makes this Return.
Address, 509 Prater Street
Remarks,

[illegible]

CERTIFICATE CORRECTED 10-24-58

RETURN OF A BIRTH. 53676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics
Name: John Dieprecht
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2nd

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth*,-----
4. *Place of Birth*, (*Street and Number*)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks

8940000508

[illegible]

RETURN OF A BIRTH. 53677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940000509

RETURN OF A BIRTH. 53681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any said have
month, and shall set forth as far as the same can be ascertained, the full name of each child, if any said have
month, and shall set forth as far as the same can be ascertained, the full name of each child, if any said have

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10 Kinder

1. Sex, (state whether male or female)

Bedchen

2. Race or Color, (if not of the white race)

Vaj's

3. Date of Birth,

30 January

4. Place of Birth, (Street and Number)

Essek St. 2215

5. Full Name of Mother,

Marie Vesely

6. Mother's Maiden Name,

Maxna T.

7. Mother's Birthplace,

Böhmen

8. Full Name of Father,

Jan Vesely

9. Father's Occupation,

Lumbeck

10. Father's Birthplace,

Böhmen

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940000513

month, and shall set forth salary as the same can be ascertained the full name of each child, if any, shall have been conferred its sex, color, the full name and occupation of the mother, and the date of the birth of the child, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth of the child, the mother shall be liable to a fine of ten dollars for each person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 31 1894

4. Place of Birth, (Street and Number) Josephine Court

5. Full Name of Mother, Larry Short

6. Mother's Maiden Name, Larry Stachkins

7. Mother's Birthplace, Charles County MD

8. Full Name of Father, Frank Short

9. Father's Occupation, Spooling

10. Father's Birthplace, Charles County MD

Name of Medical Attendant, or other person who makes this Return, Wm. H. H. H.

Address, 508 Preston St

Remarks, _____

18940000515

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the date and place of birth of any child born in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, or should the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child occur upon the mother, immediately thereafter it shall become the duty of the person or persons of whom the birth is reported to the office of the Registrar of Vital Statistics, to cause a certificate of birth to be made in any such person or persons who shall fail to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Leuk

3. Date of Birth, Jan 3/93

4. Place of Birth, (Street and Number) 313 E. Brown St

5. Full Name of Mother, Melie Smith

6. Mother's Maiden Name, Miller Smith

7. Mother's Birthplace, Pa

8. Full Name of Father, John Johnson

9. Father's Occupation, Lab

10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return, John H. H. H.

Address, _____

Remarks, _____

18940000516

and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name of its parents, the date and place of birth; and the said schedule shall be delivered to the Registrar of Vital Statistics by the practitioner in the form of a certificate between the first and second months after the birth of the child, or should an other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and shall report its birth to the Registrar of Vital Statistics, who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 1/94

4. Place of Birth, (Street and Number)

803 Govt Bldg St

5. Full Name of Mother,

Emma Woodland

6. Mother's Maiden Name,

Anna May

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Henry Woodland

9. Father's Occupation

Physician

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other person who makes this Return,

Jane Woodland

Address,

Remarks,

18940000518

RETURN OF A BIRTH. 53688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 0 5 2 0

sent to the Registrar of Vital Statistics, Baltimore City, and the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or practitioner of midwifery, or should no child be born, by the mother, to the office of the Registrar of Vital Statistics, Baltimore City, immediately after the birth of any child, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Leak
3. Date of Birth, Jan 4/94
4. Place of Birth, (Street and Number) 3 Bruce St
5. Full Name of Mother, Fanny Maten
6. Mother's Maiden Name, Fanny Vance
7. Mother's Birthplace, P.C.
8. Full Name of Father, Fanny Maten
9. Father's Occupation, Lab.
10. Father's Birthplace, P.C.
- Name of Medical Attendant, or other person who makes this Return, Jane Woodman
- Address, _____
- Remarks, _____

18940000521

When completed, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) col

3. Date of Birth, Jan 4/94

4. Place of Birth, (Street and Number) 23 Bruce St

5. Full Name of Mother, Mary Todd

6. Mother's Maiden Name, Mary Keaton

7. Mother's Birthplace, Ind

8. Full Name of Father, John Todd

9. Father's Occupation, Lab

10. Father's Birthplace, Ind

Name of Medical Attendant, or other person who makes this Return, Jane Middleton

Address, _____

Remarks, _____

18940000522

and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or other person who shall become the duty of the person or parents of such
attendance upon the birth of the child to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53690 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 5 2 3

When completed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the (or in case the practitioner is a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 11-28-56
RETURN OF A BIRTH. 53691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Rebecca Martini

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jan 6th 1894

4. Place of Birth, (Street and Number)

1614 E. Pratt St

5. Full Name of Mother,

Mary Martini

6. Mother's Maiden Name,

Rouss

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Martini

9. Father's Occupation,

Builder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Dr. B. B. Billingsley

Address,

1206 E. Pratt St

Remarks,

18940000524

RETURN OF A BIRTH. 53693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth. 12 January 1894
 4. Place of Birth, (Street and Number) 8 E. Eden St
 5. Full Name of Mother, Betty Levy
 6. Mother's Maiden Name, Gazewelsky
 7. Mother's Birthplace, Russia
 8. Full Name of Father, Isaac Levy
 9. Father's Occupation, Painter
 10. Father's Birthplace, Russia
 Name of Medical Attendant, E. Scherman or other person who makes this Return.
 Address, 216 Allen Ave. N
 Remarks, _____

~~6 9 4 0 0 0 0 5 2 6~~

been conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the child's occupation in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Births, and the physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter, it shall become the duty of the person or persons of such attendance upon the mother, to the mother and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Act shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, (7) 28 January 1894
4. Place of Birth, (Street and Number) (3) 15 January 1894
5. Full Name of Mother, Nettie Greenberg
6. Mother's Maiden Name, Freed
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Greenberg
9. Father's Occupation, Store keeper
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, E. Sherman
- Address, 42 Sherman St
- Remarks, _____

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 January 1894

4. Place of Birth, (Street and Number) 46. D'Almeida St.

5. Full Name of Mother, Amie Levin

6. Mother's Maiden Name, Soltz

7. Mother's Birthplace, Russia

8. Full Name of Father, Max Levin

9. Father's Occupation, Business with Clothing

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. L. Schuman

Address, 42 Alhambra St.

Remarks, _____

[illegible]

CORRECTION

The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.

STATE OF MARYLAND

HR-EM 32
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered to the office of the Registrar of Health, in the case of the birth of any child, on the third day of each month, and the attendance of a physician or midwife, or about no other persons of such shall occur within the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who will hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 January 1894

4. Place of Birth, (Street and Number) 46 Albemarle St.

5. Full Name of Mother, Annie Levin

6. Mother's Maiden Name, Soltz

7. Mother's Birthplace, Russia

8. Full Name of Father, Max Levin

9. Father's Occupation, Carpenter with Clothing

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schramm

Address, 42 Albemarle St.

Remarks, 18940000529

RETURN OF A BIRTH. 53697
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A DEATH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth*

4. Place of Birth, (Street and Number) *M*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father.

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks.

8 9 4 0 0 0 0 5 3 0

[illegible]

RETURN OF A BIRTH. 53699 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan. 20th 1894

4. Place of Birth, (Street and Number) 1637 N. Graham St.

5. Full Name of Mother, Eleanor Gorsuch

6. Mother's Maiden Name, Eleanor Grimes

7. Mother's Birthplace, Canada Co. Md.

8. Full Name of Father, Lee Gorsuch

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. Warner M.D.

Address, 901 N. Stricker St.

Remarks,

18940000532

been cooked) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended upon by a midwife, the midwife shall immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53699 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov 17th 1911

4. Place of Birth, (Street and Number)

1121 N. Caroline St.

5. Full Name of Mother

Mrs. Emma Paulina Guntter

6. Mother's Maiden Name

S

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Thos. Guntter

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other person who makes this Return

Geo. A. Hartman M.D.

Address

1121 N. Caroline St.

Remarks

8940000533

RETURN OF A BIRTH. 53700
Statistics Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 Sex female

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race) col

3. *Date of Birth.*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

[illegible]

~~8940000000~~

been conferred (in sex, color, the full name and occupation of the parents, the date and place of birth; and the date and schedule shall be delivered) to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or parents of such child, upon the mother, immediately after the birth of the child, in the manner and within the period above required, and shall report to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of not less than ten (10) dollars, nor more than fifty (50) dollars, for each offence, to be recovered in other cases and forfeitures are recoverable only by the State.

RETURN OF A BIRTH. 53701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

3. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 4 0 0 0 0 5 3 5

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such sex, color, name, date and place of birth, to report the same to the office of the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1825 B'nk St. Jan 28/74
4. Place of Birth, (Street and Number) 1825 B'nk St
5. Full Name of Mother, Ellie D. Kane
6. Mother's Maiden Name, Ellie D. Robertson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel D. Kane
9. Father's Occupation, Cop. Maker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mary E. Peckay
- Address, 1203 Gough St
- Remarks, _____

8940000536

been conferred in cases, the full name and occupation of its parent, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the parent or persons shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 28/94

4. Place of Birth, (Street and Number) 246 Bruce St

5. Full Name of Mother, Lucy Lewis

6. Mother's Maiden Name, Lucy Ebb

7. Mother's Birthplace, Pa

8. Full Name of Father, Samuel Lewis

9. Father's Occupation, Lab

10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return, James Woodland

Address, _____

Remarks, _____

8940000537

RETURN OF A BIRTH. 53704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940000530

been conferred its sex, color, the full name and residence of the mother, the date and place of birth, and the said schedule shall be delivered to the Registrar of Vital Statistics, Board of Health, Baltimore City, within one month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no person be present at the birth, the mother, immediately thereafter, shall report the birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and child to report its birth to the Registrar of Vital Statistics, Board of Health, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Leal

3. Date of Birth, Jan 30/94

4. Place of Birth, (Street and Number) 222 Bruce St

5. Full Name of Mother, Maggie Dipmford

6. Mother's Maiden Name, Maggie Lee

7. Mother's Birthplace, Wm

8. Full Name of Father, Wm Dipmford

9. Father's Occupation, Lab

10. Father's Birthplace, Ind

Name of Medical Attendant, or other person who makes this Return, Jan Mordland

Address, _____

Remarks, _____

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RETURN
GIVEN NAME ADDRESS

5/1/61

William PENNINGTON KINSEY

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

White

3. *Date of Birth,*

January 17th 1894.

4. *Place of Birth, (Street and Number) ...*

1707 H. Linné St.

5. Full Name of Mother, —

Answer - Keweenaw

6. *Mother's Maiden Name,*

Anna Kennedy.

7. *Mother's Birthplace.*

Baltimore City

8. *Full Name of Father,*...

To Mr. K. K. K.

9. *Father's Occupation.*

Machinist.

10. *Father's Birthplace.*

Handwritten: Handwritten Lee Med

Name of Medical Attendant, or other person who makes this Return,

John I. Pennington M.D.

Address, _____

1716 Sweden Ave

Remarks,

Conty.

8 9 4 0 0 0 0 5 4 4

[illegible]

RETURN OF A BIRTH. 53711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, January 24 1894

4. Place of Birth, (Street and Number) Brent St

5. Full Name of Mother, Willa Foster

6. Mother's Maiden Name, Willa Lee

7. Mother's Birthplace, Guiana, Geo

8. Full Name of Father, Richard Horst

9. Father's Occupation, Public Works

10. Father's Birthplace, Baltimore

Name of Medical Attendant, (or other person who makes this return) Sarah Kholin

Address, 1610 Vincent St near Baker Balto Md

Remarks, _____

8940000546

RETURN OF A BIRTH 58713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White American

3. Date of Birth, January 1st

4. Place of Birth, (Street and Number) 1221 W. castle st

5. Full Name of Mother, Lucinda Mary

6. Mother's Maiden Name, O'Brien

7. Mother's Birthplace, Eastern shore Talbot County

8. Full Name of Father, John W. Marsh

9. Father's Occupation, Cochman

10. Father's Birthplace, Anne arundel

Name of Medical Attendant, or other person who makes this Return, Marion Forrest

Address, 1715 Durham st

Remarks, _____

18940000548

RETURN OF A BIRTH. 53714
Statistics Board of Health, Baltimore City.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 Sex or female Female

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *January 17 1892*
4. Place of Birth, *11710 Elliott*

3. Date of Birth, 1/1/18
4. Place of Birth, (Street and Number) Mrs Mary Smith

5. Full Name of Mother, Mrs. J. P. [illegible]

6. Mother's Maiden Name, Patience Maryland
Birthplace, Indian

6. Mother's Maiden Name, Patience Mary Lind
7. Mother's Birthplace, Free Adam Smith
8. Name of Father, Patience

8. Full Name of Father, H. P. Pote
9. Father's Occupation Ballroom 3rd

8. Full Name William
9. Father's Occupation Ballroom and
10. Father's Birthplace, Swatara, Pa.
or other person who
attended this Return, William

Father's Birthplace, _____
Name of Medical Attendant, _____, or other person who makes this Return, _____

Address. _____

Remarks, 894000549

[illegible]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, and duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case of stillbirth, the practitioner should no other person be in attendance upon the mother, and the child shall become the duty of the person or persons in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 28th 1894
4. Place of Birth, (Street and Number) 1620 Miller st.
5. Full Name of Mother, Annie Elizabeth Galster
6. Mother's Maiden Name, Kahl
7. Mother's Birthplace, Columbus Ohio
8. Full Name of Father, Robert J. Galster
9. Father's Occupation, Horse shoer
10. Father's Birthplace, Balto. City
- Name of Medical Attendant, or other person who makes this Return, E. B. Kenby, M.D.
- Address, 1219 N. Caroline St.
- Remarks,

1 8 9 4 0 0 0 5 5 2

mother and child, as far as the name can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its mother, and place of birth; and the said schedule shall be delivered, duly signed by the mother, to the Registrar of Health, in the form of a certificate between the first and third day of each and every month in which a birth shall occur, or to a physician or practitioner of midwifery, or should no such person be present, to the mother, immediately thereafter. It shall become the duty of the Registrar of Health, or parents of such child to report its birth to the Commissioner, or fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 537/8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 29th 1894

4. Place of Birth, (Street and Number) 602 Jefferson Ave Waverly

5. Full Name of Mother, Sadie E. Renalds

6. Mother's Maiden Name, " " Carty

7. Mother's Birthplace, Hartford Conn

8. Full Name of Father, Perry Renalds

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, 811 Jefferson Ave Waverly

Remarks,

8940000553

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed and attested, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner, or to fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *January 1, 1894*

4. Place of Birth, (Street and Number) *432 Paul street*

5. Full Name of Mother, *Rosie Berlin*

6. Mother's Maiden Name, *R. Koechele*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Martin Berlin*

9. Father's Occupation, *Saloon-keeper*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Marie E. Malwitz M.D.*

Address, *725 Mulberry street*

Remarks, _____

1894000555

RETURN OF A BIRTH. 53721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 1 January

4. Place of Birth, (Street and Number) 906 Biddle St

5. Full Name of Mother, Annie Anderson

6. Mother's Maiden Name, Heim

7. Mother's Birthplace, Balt.

8. Full Name of Father, Georges Anderson

9. Father's Occupation, Painter

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Annie Walker

Address, 928 N. Cal. Ave

Remarks, _____

8940000555

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second entries of the birth, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the person who shall be present at the birth of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 2nd 1894

4. Place of Birth, (Street and Number)

1218 N Castle St

5. Full Name of Mother,

Mrs Hermann

6. Mother's Maiden Name,

Phyllis

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Hermann

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Dr. S. S. S. M. D.

Address,

1501 E Bay St

Remarks,

6940000557

been conferred in sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be duly signed by the practitioner in the form of a certificate between the physician and the mother, and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, such child to report its birth to the Commissioner of Health, who shall hereafter fail to comply with the provisions of this act, or persons who shall hereafter fail to recover in other fines and forfeitures are recoverable, to the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH. 53723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 3rd 1898

4. Place of Birth, (Street and Number) 1221 N. Broadway

5. Full Name of Mother, Lizzie C. Mumma

6. Mother's Maiden Name, Wolfeburg

7. Mother's Birthplace, Balk

8. Full Name of Father, Climent L. Mumma

9. Father's Occupation, Milk Dairy

10. Father's Birthplace, Balk

Name of Medical Attendant, or other person who makes this Return, Dr. McFadyen M.D.

Address, 1501 S. Bayard St

Remarks, _____

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RETURN OF A BIRTH. 53724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health
George Eugene Lang Jr.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)---

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number) —

5. Full Name of Mother,

6. *Mother's Maiden Name,* -

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address...

Remarks.

8 9 4 0 0 0 0 5 5 9

ment, and shall set forth as far as the same can be ascertained the full name of each child, if any child, have been conceived, born, or delivered, in accordance with the provisions of the Act, and the date and place of birth, and the name of the person or persons who shall be required to attend upon the mother, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth, 5 January 11 P.M. 1891

4. Place of Birth, (Street and Number)...

5. Full Name of Mother, Lizzy Leub

6. Mother's Maiden Name, Theen

7. Mother's Birthplace, Prussia

8. Full Name of Father, Christian Leub

9. Father's Occupation, Taylor

10. Father's Birthplace, Ball.

Name of Medical Attendant, or other person who makes this return, Anna Walker

Address, 728 N. Cal. St.

Remarks,

18940000561

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any, shall have been born to the mother within the month), the date of birth, the name of the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above specified, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 4 *Female*

1. Sex, (state whether male or female)... *Boy*

2. Race or Color, (if not of the white race)...

3. Date of Birth, ... 7 *January*

4. Place of Birth, (Street and Number)... 1208 *Drexler St*

5. Full Name of Mother, ... *Margie Welsch*

6. Mother's Maiden Name, ... *Casals*

7. Mother's Birthplace, ... *Ireland*

8. Full Name of Father, ... *John C. Welsch*

9. Father's Occupation...

10. Father's Birthplace, ... *Ireland*

Name of Medical Attendant, or other person who makes this Return, ... *Anna Walker*

Address, ... 928 *N. Cal. Ave.*

Remarks, ...

8 9 4 0 0 0 5 6 3

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) his sex, date of birth, the date and place of birth; and the name of the person to whom the child was delivered, duly signed by the practitioner in the form of a certificate between the first and third day of such and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner, the person to whom the child was delivered, shall report the same to the office of the Commissioner of Health, in the manner and within the period above required, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *1* *Boy*
1. Sex, (state whether male or female)... *Boy*
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... *4 January*
4. Place of Birth, (Street and Number)..... *1 - 910 Spring St.*
5. Full Name of Mother,..... *Neagie Grassman*
6. Mother's Maiden Name,..... *Blesher*
7. Mother's Birthplace,..... *Germ.*
8. Full Name of Father,..... *John Grassman*
9. Father's Occupation,..... *Black Gun*
10. Father's Birthplace,.....
Name of Medical Attendant, or other person who makes this Return,..... *Annie Walker*
Address,..... *928 E. Cal. St.*
Remarks,

8 9 4 0 0 0 5 6 4

Health. This schedule shall contain a list of the births which have occurred under his or her jurisdiction, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter neglect to do so shall be liable to a penalty of ten dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *January 5, 1900*
 4. Place of Birth, (Street and Number) *100 E. Biddle St.*
 5. Full Name of Mother, *Lillian C. Jones*
 6. Mother's Maiden Name, *Loughlin*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *James Jones*
 9. Father's Occupation, *Policeman*
 10. Father's Birthplace, *Ireland*
 Name of Medical Attendant, or other person who makes this Return, *J. B. Jones*
 Address, *100 E. Biddle St.*
 Remarks,

RETURN OF A BIRTH.

53733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female),

Female

2. Race or Color, (if not of the white race),

White

3. Date of Birth,

January 9th 94

4. Place of Birth, (Street and Number)

1027 Brownmont Ave

5. Full Name of Mother,

Susan M. Brown

6. Mother's Maiden Name,

Molly

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John M. Brown

9. Father's Occupation,

Contractor

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

S. H. McPherson M.D.

Address,

1521 E. Sayre St

Remarks,

8940000568

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, and no other person shall incur without a mother, immediately hereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 11 January 1894
4. Place of Birth, (Street and Number) 1127 Forest place
5. Full Name of Mother, Lila Benton
6. Mother's Maiden Name, Cherry
7. Mother's Birthplace, Balt.
8. Full Name of Father, John Benton
9. Father's Occupation, machinist
10. Father's Birthplace, Balt.
Name of Medical Attendant, or other person who makes this Return, Anna Walker
Address, 928 N. Cal St.
Remarks, _____

1 8 9 4 0 0 0 5 6 9

53737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

152

Male

white

June 16, 1994

18-84 Mosher St

Amanda Mullin

66 67

Montgomery Co recd

Child Illegitimate,

“

“ ”

T @ Worthington

840 W Fayeth St

Remarks, The mother was in city long enough to give Birth to child & left city. would give no further info.

8 9 4 0 0 0 0 5 7 2

[illegible]

53739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

female

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

January 18-1894

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

Rose Annie Renas

6. *Mother's Maiden Name,*

caerulino

7. *Mother's Birthplace,*

Italia

8. *Full Name of Father.*

Lance, Rena

d. *Father's Occupation.*

Fruit dealer

10. *Father's Birthplace.*

G. Haley

Name of Medical Attendant, or other person who makes this Return.

Mass Ann Taylor

Address,

41 Guilford alley.

Remarks.

8 9 4 0 0 0 5 2 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the date, sex, color, the full name and occupation of its parents, the date and place of its birth, and the date and place of its death, if it occurs within the month. In case the birth of any child shall occur without the aid of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, or other person immediately thereafter, shall become the duty of the person so required, and shall report its birth to the Commissioner of Health, in the manner and within the time provided in the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 2nd 1894
4. Place of Birth, (Street and Number) 1121 Preston St
5. Full Name of Mother, Lydian White
6. Mother's Maiden Name, Ray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John White
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, W. B. Billingsley
Address, 1206 E. Preston St
Remarks,

894000576

RETURN OF A BIRTH. 53742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Martha Carolyn Subbehusen

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Jan 19 '94
 4. Place of Birth, (Street and Number) 15-S. Shropshire St
 5. Full Name of Mother, Mrs. Susie (Cabbihen) Subbehusen
 6. Mother's Maiden Name, Cooper
 7. Mother's Birthplace, Washington D C
 8. Full Name of Father, Frank L (Cabbihen) Subbehusen
 9. Father's Occupation, Turner
 10. Father's Birthplace, Balto mer
 Name of Medical Attendant, T C Worthington or other person who makes this Return.
 Address, 840 W Fayette St
 Remarks, _____

~~8 9 4 0 0 0 0 5 7 7~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8 9 4 0 0 0 0 5 7 8

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month, and every month within which the birth of a child shall occur without the attendance of a midwife, to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a midwife, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 53745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether male or female), *male - Kenneth Richardson*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Jan'y 24th*
4. Place of Birth (Street and Number), *1316 Boston St.*
5. Full Name of Mother, *Louisa C. Richardson*
6. Mother's Maiden Name, *Louisa C. Smith*
7. Mother's Birthplace, *Michigan*
8. Full Name of Father, *Allan C. Richardson*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Balt. Md.*
Name of Medical Attendant, or other person who makes this Return, *J. W. McKeap*
Address, *607 N. Charles*
Remarks, *Full name of child added by uncle upon applying for a transcript Ernest H. Richardson W. C. Helm - Reg.*

RETURN OF A BIRTH 53746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 24 1894*

4. Place of Birth, (Street and Number) *1105 North Carey Street*

5. Full Name of Mother, *Annice Palmer*

6. Mother's Maiden Name, *J. Palmer*

7. Mother's Birthplace, *Fredrick County Md*

8. Full Name of Father, *Not Known*

9. Father's Occupation, *Not Known*

10. Father's Birthplace, *Not Known*

Name of Medical Attendant, or other Person who makes this Return. *Midwife Leticia Sloane*

Address, *1105 North Carey Street*

Remarks,

Birth as far as the same can be ascertained, the full name of the child, the sex, color, and occupation of its parents, the date and hour of birth, and the said schedule shall be done by the practitioner in the form of a certificate, which shall be filed in the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending, and any such person report its birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the time prescribed, and shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 25

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race)

3. Date of Birth, 24 January

4. Place of Birth, (Street and Number) 1225 Chase St.

5. Full Name of Mother, Mary Thielen

6. Mother's Maiden Name, Reising

7. Mother's Birthplace, Balt. city

8. Full Name of Father, Peter Thielen

9. Father's Occupation

10. Father's Birthplace, Balt. city

Name of Medical Attendant, or other person who makes this Return, Lena Walker

Address, 728 N. Cal. St.

Remarks,

8940000582

WM J. C. BULANTY CO CITY PHOTODUPLICATION AND STATIONERS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks,

8 9 4 0 0 0 5 8 4

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, its sex, color, the date and place of birth, and the name of the mother, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, and the mother or father, or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January 25 1894

4. Place of Birth, (Street and Number) 117 Calhoun St

5. Full Name of Mother, Birdy Labor

6. Mother's Maiden Name, Birdy Morgan

7. Mother's Birthplace, Virginia

8. Full Name of Father, Charles A. Labor

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 Whatecoat St

Remarks, _____

8 9 4 0 0 0 5 8 5

RETURN OF A BIRTH. 3757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 26th 1914*
4. Place of Birth, (Street and Number) *837 York Rd Balt^o*
5. Full Name of Mother, *Leah L. Lawrence Kuzman*
6. Mother's Maiden Name, *Jaworski*
7. Mother's Birthplace, *Balt^o Coun^{ty}*
8. Full Name of Father, *Mr. A. Kuzman*
9. Father's Occupation, *Conductor C. & S. Rd.*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *J. W. Hart M.D.*
- Address, *615 Jefferson Ave*
- Remarks, *Washed Bath*

8940000586

RETURN OF A BIRTH. 53753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 26, 94

4. Place of Birth, (Street and Number) 1115 W. Lombard St.

5. Full Name of Mother, Lucy Larkins

6. Mother's Maiden Name, Va

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, C. S. Neer

Address, 1115 W. Lombard

Remarks, One of twins

8940000588

RETURN OF A BIRTH. 33754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—1
1. Sex, (state whether male or female).....*Boy*
2. Race or Color, (if not of the white race).....*97*
3. Date of Birth,.....*January*
4. Place of Birth, (Street and Number).....*1013 Townsend St*
5. Full Name of Mother,.....*Martha Peppert*
6. Mother's Maiden Name,.....*Helsten*
7. Mother's Birthplace,.....*Germ.*
8. Full Name of Father,.....*Georges Peppert*
9. Father's Occupation,.....*Explos*
10. Father's Birthplace,.....*Ball*
Name of Medical Attendant, or other person who makes this Return,.....*Sanna Wallis*
Address,.....*728 N. 2nd St.*
Remarks,.....

8 9 4 0 0 0 0 5 8 9

month, and shall set forth as far as the same can be ascertained the name of the mother, the date and place of birth, and the date and place of delivery, and the name of the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or parent of such child shall procure a certificate of birth from the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 27, 1904
4. Place of Birth, (Street and Number) 1921 N. Elders St
5. Full Name of Mother, Mary A. Skir
6. Mother's Maiden Name, Dauterch
7. Mother's Birthplace, Balto
8. Full Name of Father, John D. Skir
9. Father's Occupation, Book Binder
10. Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return, Dr. J. J. Seligman M.D.
Address, 154 S. Bayview St
Remarks, _____

8940000590

RETURN OF A BIRTH. 53756 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) 28

3. Date of Birth, January

4. Place of Birth, (Street and Number) 1410 Anthony St

5. Full Name of Mother, Annie Doerfler

6. Mother's Maiden Name, Zetner

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Doerfler

9. Father's Occupation, German

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Walker

Address, 928 No. Cal St.

Remarks, _____

8940000591

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

894000592

any and every person who shall neglect to file this return, or who shall file a false return, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53758.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 January 1894

4. Place of Birth, (Street and Number) 105 West St

5. Full Name of Mother, Emma Obrine

6. Mother's Maiden Name, Emma Pirley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Patrick Obrine

9. Father's Occupation, Carpenter

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs E. W. Brooks

Address, 1828 Light St

Remarks, Living Well

8940000593

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 28. 1899

4. Place of Birth, (Street and Number) 268 E. Exeter str

5. Full Name of Mother, Mary Flasky

6. Mother's Maiden Name, Funk

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Daniel Flasky

9. Father's Occupation, Police officer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Cecile Benselien

Address, 122 S. Exeter str

Remarks, 8940000594

RETURN OF A BIRTH. 53760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 30th 94.

4. Place of Birth, (Street and Number) Franklin Turnpike

5. Full Name of Mother, Mrs Wm Baudal

6. Mother's Maiden Name, Sally

7. Mother's Birthplace, Wm Baudal

8. Full Name of Father, James

9. Father's Occupation, Baltimore, Md.

10. Father's Birthplace, Jno H Scally

Name of Medical Attendant, or other person who makes the Return, Wetheredville, Balto. Co., Md.

Address,

Remarks,

8940000595

jected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 sex, (state whether male or female) male
 Race or Color, (if not of the white race) white race
 Date of Birth, January 31st - 94
 Place of Birth, (Street and Number) 243, E. Eager St
 Full Name of Mother, Mary Jensen
 Mother's Maiden Name, Mary Rella
 Mother's Birthplace, Germany
 Full Name of Father, Paul Jensen
 Father's Occupation, Machinist
 Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham
 Address, Wid wife
 Remarks,

18940000596

GIVEN NAME ADDED 8-28-37
RETURN OF A BIRTH. 63762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Catherine Miller
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *31st Jan'y 1894*

4. Place of Birth, (Street and Number) *Baltimore 613 Light Street*

5. Full Name of Mother, *Lizzie Miller*

6. Mother's Maiden Name, *Lizzie Kieck*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Harry Miller*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Anna Taylor*

Address, *41 Guilford's alley.*

Remarks, _____

1894000597

RETURN OF A BIRTH. 53763 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 18th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Jan 31/94

4. Place of Birth, (Street and Number) 120 Rogers Ave

5. Full Name of Mother, Martha Harden

6. Mother's Maiden Name, Martha Gould

7. Mother's Birthplace, Eastern Shore Md

8. Full Name of Father, Cyrus Harden

9. Father's Occupation, Farmer

10. Father's Birthplace, Hartford Ct

Name of Medical Attendant, or other person who makes this Return, Dr J E - Shan Sr

Address,

Remarks,

8 9 4 0 0 0 5 9 8

ected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name *William ~~Walter~~ ^{Walter}*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Can 3/194*

3. Date of Birth *10/29 1894*

4. Place of Birth, (Street and Number) *1039 E. Franklin St.*

5. Full Name of Mother *Sarah E. McVay*

6. Mother's Maiden Name *" " Affayberry*

7. Mother's Birthplace *Pa. Phila.*

8. Full Name of Father *Thomas T. McVay*

9. Father's Occupation *Marble Carving*

10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return *Edward R. McVay*

Address *208 Reservoir*

Remarks

6740000599

Subject to the fine of ten (10) dollars for each offence, to be recovered, as other laws may hereafter be recovered.

This schedule shall contain a list of the birds which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date of the birth, the date and place of birth, and the third day of incubation, and the date of the first and second moults. The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of incubation, and every month to the office of the Commissioner of Health, and the person or persons to be attended upon by the practitioner, immediately thereafter it shall become the duty of the person or persons to report the birth to the Commissioner of Health, in the manner and within the time and under the penalty hereinafter provided, and shall be subject to the fine of ten dollars for each offence, to be recovered as our fines and forfeitures are recoverable.

1894
2

RETURN OF A BIRTH 53768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Jan 4, 1894*

4. Place of Birth (Street and Number), *1169 Cleveland St.*

5. Full Name of Mother, *Mrs. C. Garry*

6. Mother's Maiden Name, *" " Donnelly*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *John Garry*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, *V. C. Knapp M.D.*
or other person who makes this Return.

Address, *523 Scott St.*

Remarks,

8 9 4 0 0 0 0 6 0 1

Return of Birth. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the sex, color, and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall be signed by the practitioner or physician or nurse or other person who shall become the duty of the person or persons be in attendance upon the mother, immediately after the birth of the child, and shall be reported to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, January 9, 1904
 4. Place of Birth, (Street and Number) Balt. Parkham St. No. 223
 5. Full Name of Mother, Annie Suckert
 6. Mother's Maiden Name, Annie Wislein
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Thomas Suckert
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Germany
 Name of Medical Attendant, Josephine Kueger or other person who makes this Return.
 Address, 2026 East Fayette St.
 Remarks,

53766

RETURN OF A BIRTH. 53768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)---

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

3. Father's Occupation—

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this return.

Address, 16-2096 G. Fayette St.

Remarks,

~~8941600604~~

For a fee of one dollar, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a brief history of the child, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of its birth, and shall be filed in the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month. It shall be the duty of the practitioner or practitioner of medicine, or of any other person, to attend upon the mother, immediately thereafter it shall become the duty of the practitioner or practitioner of medicine, or of any other person, to attend upon the child, and to file the schedule with the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother; (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 17/94
4. Place of Birth, (Street and Number) 1916 McElroy St.
5. Full Name of Mother, Ada E. Kuhlshup
6. Mother's Maiden Name, " " Pohl
7. Mother's Birthplace, Balto.
8. Full Name of Father, George E. Kuhlshup
9. Father's Occupation Wagon Wagon Builder
10. Father's Birthplace, Balto.
- Name of Medical Attendant, or other person who makes this Return, Edmund M. D'Arcy
- Address, 208 Airport a
- Remarks, _____

1 8 9 4 0 0 0 0 6 0 5

This schedule shall contain a list of the births occurring in the month, and shall set forth as far as may be ascertained the full name of each child, (if any shall have been conferred) its sex, color, date and place of birth, the date and place of its residence, the name of the mother, the name of the father, the name of the practitioner in the form of certificate, the name of the first and second attendants, the name of the midwife, or should no other person be in attendance upon the mother, the name of the person or persons of such child to report to the Registrar, the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 24th 1894.*
4. Place of Birth, (Street and Number) *1105 Canton St.*
5. Full Name of Mother, *Annie Johanna Weigert*
6. Mother's Maiden Name, *Oeckler*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Frederick B. Weigert*
9. Father's Occupation, *Bricklayer*
10. Father's Birthplace, *Baltimore Md.*
Name of Medical Attendant, or other person who makes this Return, *F. W. Schreiber M.D.*
Address, *1074 Canton St.*
Remarks, *Baby died 2 hour after birth.
Asphyxia Apoplectica.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set out, as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, the sex, color, race, and age of the child, and the date and place of its death, if any shall have been born during the month, and the date and place of its death, if any shall have died during the month. A certificate between the birth and the death of a child, and the date and place of its death, shall be furnished by the physician or practitioner of midwifery, and the attendance upon the child, to the parent or person to whom the child is reported, and shall be retained by the parent or person to whom the child is reported, and shall be presented to the clerk of the health department, in the manner and within the period above provided, for the purpose of being entered in the file of ten (10) dollars for each offense to be recovered as a civil fine and forfeited and not recoverable as a criminal fine and forfeited.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled out by the practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth of such child shall be reported to the Commissioner of Health, in the manner and within the time specified in any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940000611

Health. This schedule shall contain a list of the births which have occurred under the act, and shall set forth as far as the same can be ascertained, the names of the parents, the date and place of birth, and the sex of the child, and the name of the physician or practitioner of the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the attendance of a physician or practitioner of the day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *Mar 13, 74.*

4. Place of Birth, (Street and Number) *317 E. Lombard St.*

5. Full Name of Mother, *Louisa Robinson McCombs*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Bright, Md.*

8. Full Name of Father, *Henry E. Robinson*

9. Father's Occupation, *Book Binder.*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other person who makes this Return, *Geo. A. Harrison M.D.*

Address, *1121 N. Caroline St.*

Remarks, _____

8940000613

The schedule shall contain a list of the births which have occurred under its or her care during the year, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of its death, if it shall have died during the year. In case the birth of any child shall be reported to the Registrar by the practitioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and with the formalities of this section shall be subject to the fine often ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF

To the Office of Registrar of

TH. 53790

th, Baltimore City.

No of Child of Mother, (state whether

1. Sex, (state whether male or female)

2. Race or Color, (if not of the

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other person who makes this Return,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (~~state whether male or female~~).

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 23, 1894

4. Place of Birth, (Street and Number) *Cor. Hoffman St & Main Ave*

5. Full Name of Mother, Mary Gethy

6. Mother's Maiden Name, Mary Bryan

7. Mother's Birthplace, *Baltimore*

8 Full Name of Father, John Gitch

0. Father's Occupation. *Restaurant Keeper*

10. Father's Birthplace, Carroll Co Maryland

Name of Medical Attendant, or other person who makes this Return, *B. R. Browne M.D.*

Address, 1218 Madison Ave

and shall contain a list of the bills which have occurred or are about to occur, month by month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the date of such conferring, and shall be signed by the Commissioner, and shall be retained by him until the third day of each and every month to be given to the Commissioner, with a copy of the same, to be filed with the records of the Department of Social Welfare, and shall be subject to the inspection of any person at any time. In the event that any such bill shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to cause the same to be registered in the Department of Social Welfare, and to cause the same to be signed by any such person or persons who shall render aid, to comply with the provisions of this section shall be liable to the fine of ten (\$10) dollars, each offense, to be covered on other fines and forfeitures are recoverable.

1 8 9 4 0 0 0 0 6 1 5

RETURN OF A BIRTH. 53 792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) White

3. Date of Birth, Biselle St Sept 1. 1894

4. Place of Birth, (Street and Number) Biselle St

5. Full Name of Mother, Mrs Mary Monaghan

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Monaghan

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, B. B. Browne M.D.

Address, 1218 Madison Ave

Remarks, _____

with accurate names contain a list of the persons who have been delivered under the provisions of the act, and shall set forth as far as the same can be ascertained the full name of each child, its sex, its race or color, the full name and occupation of its mother, the date of its birth, the place of its birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report the birth to the Commissioner of Health to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

Harry Eise

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 1, 1894

4. Place of Birth, (Street and Number) - 2701 Carroll St

Full Name of Mother, Bell E. [unclear]

8. Mother's Maiden Name, Betty Berman

7. Mother's Birthplace,..... *Chattanooga*

8. Full Name of Father, Louis Bayle

9. *Father's Occupation* Slave

10. *Father's Birthplace,* *Baile*

Name of Medical Attendant, or other person who makes this Return.

Address, 824 Canton St.

Remarks, _____

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female), Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 23, 1921

3. Date of Birth, Oct 17 1907
4. Place of Birth, (Street and Number) 331 South Main St

4. Place of Birth, (Street and Number), _____
5. Full Name of Mother, Ellen Thomas

5. Full Name of Mother, Edna Heathcote
6. Mother's Maiden Name, Edna Heathcote

7. Mother's Birthplace, Belgium

7. Mother's Birthplace, England
8. Full Name of Father, William Thomas

8. Full Name of Father, Mr. J. J. [illegible]
9. Father's Occupation, Bookbinder

9. Father's Occupation, _____
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, D. H. Halliday

Address,

Remarks,

[illegible]

RETURN OF A BIRTH: 53798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Nellie Agnes Kane

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White Race*
3. Date of Birth *Feb. 10, 1894*
4. Place of Birth, (Street and Number) *No. 2, E. Henrietta, St.*
5. Full Name of Mother, *Mrs. Rickes, Kane,*
6. Mother's Maiden Name, *Rickes, Habington*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Mr. James Kane,*
9. Father's Occupation, *Lab.*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *Mrs. Annie Jones*
Address, *1603 South Charles, St.*
Remarks, *Baltimore, Md.*

Remarks,

Yours Respectfully

[illegible]

RETURN OF A BIRTH. 33800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 1894

4. Place of Birth, (Street and Number)

711 E. Fayette St

5. Full Name of Mother,

Bessie Gold

6. Mother's Maiden Name,

Lock

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Joe Gold

9. Father's Occupation

Tailor

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return.

E. Scherman

Address,

42 Allen St

Remarks,

8940000621

of such birth and death. Every person who shall have occasion to make a return of a birth or death, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. The Registrar of Vital Statistics shall be authorized to make such regulations as may be necessary for the proper execution of the provisions of this act.

RETURN OF A BIRTH. 53501

△ To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
Race White

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) White
Feb. 1897

2. Race or Color, (if not of the white race) _____
3. Date of Birth, _____

4. Place of Birth, (Street and Number) - 62441, Japan

5. Full Name of Mother, Genesee
Ward

6. Mother's Maiden Name, Rossini

7. Mother's Birthplace, Ames, Ia

8. Full Name of Father, James
Chandler

9. Father's Occupation Business

10. Father's Birthplace, France
or other person who
Return.

Name of Medical Attendant, or other person who makes this Return, E. J. [Signature]

Address, 429 Chestnut St

Remarks, 1 8 9 4 0 0 0 0 6 2 2

[illegible]

month, and shall set forth as far as the same can be ascertained, the full name of such child, if any, shall have been conferred its sex, color, its date of birth, its place of birth, and the name of the person or persons who attended the birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the person or persons of such attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Valerie Grendolen Bondy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Kind

1. Sex, (state whether male or female)

Mädchen

2. Race or Color, (if not of the white race)

Ways

3. Date of Birth,

1 February
Couf st. 1625

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Luzie Bondy
Benesch

6. Mother's Maiden Name,

7. Mother's Birthplace,

Böhmen

8. Full Name of Father,

Albert Bondy

9. Father's Occupation

Buch

10. Father's Birthplace,

Böhmen

Name of Medical Attendant, or other person who makes this Return,

Marie Press

Address,

28 Bond st. 838.

Remarks,

8 9 4 0 0 0 6 2 3

RETURN OF A BIRTH 53803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female).

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Register of such birth, and shall enter the same on a card of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as may be known the names of the mother and father, the date and place of birth, and the date and place of registration, the name of the physician or practitioner of its parents, the date and place of birth, and the date and place of registration. The schedule shall be delivered, duly signed and accompanied by the certificate between the first and third day of each and every month to the office of the Commissioner and returned, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child to report in birth to the Commissioner of Health, in the manner and within the period above required, and in the event of failure to do so, the person or persons so failing to report shall be liable to a fine and forfeitures recoverable by the State for each offence, to be covered in other fines and forfeitures recoverable by the State.

RETURN OF A BIRTH: 53804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Feb 1 / 94
 4. Place of Birth, (Street and Number) No 2200 Mayer St
 5. Full Name of Mother, Anna Mathews
 6. Mother's Maiden Name, Kater
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Carroll Mathews
 9. Father's Occupation, Subor work
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs G Rogers
 Address, No 1907 E Monmouth St
 Remarks, _____

8940000625

RETURN OF A BIRTH. 53803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, February 17 1894

4. Place of Birth. (Street and Number) Elizabeth Kleinher

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,—*

8. *Full Name of Father,*

9. *Father's Occupation*—

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 0 6 2 6

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 53806
Board of Health. Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *light* _____

2. Race or Color, (if not of the white race) February 1st 1894
3. Date of Birth, 1 November 1820

3. Date of Birth, 10/20/26 Chusman
4. Place of Birth, (Street and Number) Luzie, Ark

4. Place of Birth, (Street and Number) Lizzie Jack
5. Full Name of Mother, Lizzie Miller

5. Full Name of Mother, Lizzie McCallister
6. Mother's Maiden Name, McCallister

6. Mother's Maiden Name, Marion Bateman

7. Mother's Birthplace, George, Ark.

7. Mother's Birthplace, _____
8. Full Name of Father, _____

8. Full Name of Father, *Butcher*
9. Father's Occupation *Cheese*

9. Father's Occupation Germany
10. Father's Birthplace, Germany
Attendant or other person who returned Germany

Name of Medical Attendant, or other person who makes this Return.

Name of Medical Attendant, OF OTHER PERSON
makes this Return.

Address,

Remarks,

8 7 4 0 0 0 0 6 2 7

RETURN OF A BIRTH. 53807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First,*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Feb. 1st 1894*

4. Place of Birth, (Street and Number) *Ind. Lying In Hospital*

5. Full Name of Mother, *Mary Holmes*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Unknown*

9. Father's Occupation, *Unknown*

10. Father's Birthplace, *Unknown*

Name of Medical Attendant, or other person who makes this return, *Wilmer Britton, M.D.*

Address, *Ind. Lying In Hospital,*

Remarks,

[illegible]

Wm J. C. Dulany Co., City Printers and Stationers.

8440000628

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and shall comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth, *7 February*
 4. Place of Birth, (Street and Number) *141 Pennetta St*
 5. Full Name of Mother, *Lellie Right*
 6. Mother's Maiden Name, *X*
 7. Mother's Birthplace, *Londonburg*
 8. Full Name of Father, *John Starnes*
 9. Father's Occupation, *Tailor*
 10. Father's Birthplace, *Papayan Bay, N.Y.*
- Name of Medical Attendant, or other person who makes this Return, *Mary Baker*
- Address, *11 W York*
- Remarks, *8 months*

18940000630

RETURN OF A BIRTH. 53810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female).....*Female*
L

2. Race or Color, (if not of the white race) Location

3. Date of Birth, Feb. 1 1874

4. Place of Birth, (Street and Number) 123 Main St.

5. Full Name of Mother, Sella Hern

6. Mother's Maiden Name, Della G. G. G.

7 Mother's Birthplace, Baltimore

8 Full Name of Father, Peter Herm

9. Father's Occupation.....*Farmer*

10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Doctor

Address. 602 Preston St.

[illegible]

REMARKS,

894000063

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, its date of birth, the date and place of birth, and the name of the mother, and shall be signed by the practitioner in the form of a certificate bearing the name of the child, and the name of the mother, and the name of the practitioner, and shall be filed in the office of the Commissioner of Health, and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the time provided for such child, or person, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Color

3. Date of Birth, Feb-1

4. Place of Birth, (Street and Number) Durham Street 1027

5. Full Name of Mother, Mary Lee William

6. Mother's Maiden Name, Mary Lee

7. Mother's Birthplace, St Mary County

8. Full Name of Father, John William

9. Father's Occupation, Porter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Aloisia Schwatora or other person who makes this return.

Address, 1010 Durham St

Remarks, _____

8940000632

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1" slice

and this schedule shall contain a list of the births which have occurred under his Office. If any child during the year shall be born with a name and occupation, or in the form of a certificate of birth of any child, and the mother shall be delivered, any signed by the Commissioner of Health, or should no person be named, and the child be delivered, any signed by the physician or practitioner of the person or persons who shall receive such child, and every month of physician or practitioner of the person or persons who shall occur without the attendance of the Commissioner of Health, in the manner and within the time prescribed, and shall occur without the attendance of the Commissioner of Health, in the manner and within the time prescribed, shall be subject to a fine of not less than ten dollars, nor more than fifty dollars, for each offence, to be recovered in other cases and forfeitures are recoverable in such case or person or persons who shall be liable to a fine of not less than ten dollars, nor more than fifty dollars for the fine of ten dollars for each offence.

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July 1 1894

1935 Fairmount av.

Isis Minor Werner
" " Ingram

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E. O. P. Wern

Salesman

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Rev Mansfield M. D

129 873 madurdy

8940000633

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and shall be liable to arrest and imprisonment for the same.

A

RETURN OF A BIRTH 53813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 2nd

4. Place of Birth, (Street and Number) *1816 McHenry St

5. Full Name of Mother, Mary Virginia Sullivan

6. Mother's Maiden Name, Mary Virginia Davis

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Chas. E. Sullivan

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Edward Higgins M.D.

Address, 2418 St Paul St

Remarks, _____

RETURN OF A BIRTH. 53815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ethel Hooper
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
Female

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race).

3. *Date of Birth.*-

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 4 4 0 0 0 0 6 3 6

RETURN OF A BIRTH. 53816
Statistics Board of Health, Baltimore City.

RETURN OF A DEATH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Female*

1. Sex, (state whether male or female)---

2. Race or Color, (if not of the white race).

3. Date of Birth, _____ (and Number).

4. Place of Birth, (Street and Number).

5. Full Name of Mother,---

6. Mother's Maiden Name,

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation.*

10. Father's Birthplace,

Father's Birthplace, _____
 Name of Medical Attendant, _____ or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 0 6 3 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance, the parent or person who shall have the custody of the child shall be bound to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white race

3. Date of Birth. 2nd of February

4. Place of Birth, (Street and Number) Baltimore 932 Burganda St

5. Full Name of Mother, Mary A Downey

6. Mother's Maiden Name, Mary A. Banning

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William L. Downey

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 W. Cross St

Remarks,

18940000638

RETURN OF A BIRTH. 53818 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 22 1894

4. Place of Birth, (Street and Number) 601 Madison St. Corner

5. Full Name of Mother, Annem. W. Wheeler

6. Mother's Maiden Name, Schaefer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Clayton W. Wheeler

9. Father's Occupation, Gracer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, 811 Jefferson Ave Waverly

Remarks, _____

18940000639

been conferred, its sex, color, the full name and occupation of its parents, the date and place of its birth, and the name of the practitioner who attended at its birth, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of the month in which the birth occurs, without the attendance of a physician, to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the practitioner who attended at its birth to report its birth to the Commissioner of Health, in the manner and within the period above provided, and the parents of such child to the Registrar of Vital Statistics, who shall thereupon issue a certificate of birth, and the parents of such child shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 53820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Feb 2 - 1894

4. Place of Birth, (Street and Number)

Baltimore 26 Parkin st

5. Full Name of Mother,

Mary Donley

6. Mother's Maiden Name,

Mary J. Golden

7. Mother's Birthplace,

Orange Twp. Camden County, New Jersey

8. Full Name of Father,

Alfred Donley

9. Father's Occupation,

Steam Boat man

10. Father's Birthplace,

Cent County, Md

Name of Medical Attendant,

or other person who makes this Return,

Ann Carsh

Address,

No 871 Boyd st

Remarks,

RETURN OF A BIRTH. 53821

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, February 2 - 1894

4. Place of Birth, (Street and Number) No 3239 Union St

5. Full Name of Mother, Mary Johnson

6. Mother's Maiden Name, Wickman

7. Mother's Birthplace, Rocky Mount, Va

8. Full Name of Father, Walter Johnson

9. Father's Occupation, Saborer

10. Father's Birthplace, Ad. Co Md

Name of Medical Attendant, or other person who makes this Return, Agnes A. Johnson

Address, No 1024 Park Ave

Remarks, _____

8 9 4 0 0 0 0 6 4 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs upon the day of the month, the practitioner shall deliver the certificate to the office of the Commissioner of Health upon the next day of the month. The mother, immediately hereafter, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, February 2nd 1894

4. Place of Birth, (Street and Number) 1030 McCulloch St

5. Full Name of Mother, Ira Franklin

6. Mother's Maiden Name, Ira Jacobs

7. Mother's Birthplace, Virginia

8. Full Name of Father, John Franklin

9. Father's Occupation, General work

10. Father's Birthplace, Berlin Md

Name of Medical Attendant, or other person who makes this Return, S. Griffith Davis Jr. M.D.

Address, 1030 McCulloch St.

Remarks, 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), the date and place of its birth, the date and place of birth of the first child, and the day on which it shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother, immediately after the birth of such child, shall become the duty of the person or persons of such attendance upon the mother, (immediately after the birth of such child), in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 2/94

4. Place of Birth, (Street and Number)

203 Ward St

5. Full Name of Mother,

Laura Dorsey

6. Mother's Maiden Name,

Laura Smith

7. Mother's Birthplace,

W

8. Full Name of Father,

James Dorsey

9. Father's Occupation,

Lab

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other person who makes this Return,

Jane Morleane

Address,

Remarks,

1894060644

month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall be born), the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of its birth, and the date and place of its death, and shall also set forth, in case the birth of any child shall occur within the third day of each and every month to the Commission of Health, or should no other person be in the city at the time of the birth, the name of the person who shall become the duty of the person above required, and shall report its birth to the Commissioner of Health, in the manner and form required, and with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 2 - 94

4. Place of Birth, (Street and Number) Garrett St. 1317

5. Full Name of Mother, Jasara Hemerick

6. Mother's Maiden Name, Shaffer

7. Mother's Birthplace, Baltimore - Md

8. Full Name of Father, Andreas Hemerick

9. Father's Occupation, Storeman

10. Father's Birthplace, Grossack Prussia

Name of Medical Attendant, or other person who makes this Return, Jasara Jonske

Address, Garrett St. 1367

Remarks, _____

RETURN OF A BIRTH. 538²⁵

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) - Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 2nd 1894

4. Place of Birth, (Street and Number) 136 - 18th St -

5. Full Name of Mother, Ester Jackson

6. Mother's Maiden Name, Esther Gerson
1888

7. Mother's Birthplace, Alfred, N. Y.
Chapel, Saratoga

8. Full Name of Father, James Lee

9. Father's Occupation Sail

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, _____

Address, Nettie Blanton St

Remarks, 1022 S. Sumner St.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall be born), the date and place of birth, and the date when the certificate between the first and second schedule shall be delivered to the practitioner in the form of a certificate between the first and second schedule shall be delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, and the duty of the person or persons, such attendance upon the mother, immediately after birth, in the manner and within the period above required, shall be reported to the Commissioner of Health, and if such report shall be found to be untrue, the person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable, and the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks, _____

RETURN OF A BIRTH. 53829
Vital Statistics Board of Health, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. Place of Birth, (Street and Number) *Imo*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 5 6 5 0

been conferred) its sex, color, the full name and occupation of its parent, and the name of each child, (if any shall have been born) and the date of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, to the nearest police officer, or to the nearest constable, or to the nearest justice of the peace, or to the nearest member of the Board of Health, in the manner and within the time specified in the provisions of this section. No fee shall be charged for the filing of such certificate, and no person shall be liable to a fine or imprisonment for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

3rd Feb / 94

4. Place of Birth, (Street and Number)

N. 1420 Philadelphia

5. Full Name of Mother,

Lina Chappert

6. Mother's Maiden Name,

Grossman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wil m Chappert

9. Father's Occupation

City cart driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs L Gross

Address,

N^o 1907 E Monument Ave

Remarks,

18940200651

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the clerk of the office of the Registrar of Vital Statistics, or to any other person authorized by the Registrar, and the practitioner shall be liable for the same, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 3 1894

4. Place of Birth, (Street and Number) 1714 Chestnut

5. Full Name of Mother, Abby Decker

6. Mother's Maiden Name, Lillian Engelman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Decker

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. Brown

Address, 600 E. Baltimore

Remarks,

894000052

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and address of its residence, and the name of the physician or practitioner of midwifery, who has attended it, shall be delivered, fully signed by the physician or practitioner of midwifery, to the Commissioner of Health. In case the birth of any child on the third day of each and every month be attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, or physician or practitioner of midwifery, it shall become the duty of the person or persons of such attendance to report the birth to the Commissioner of Health, in the manner and within the period above required, and to cause the birth of such child to be duly registered in the office of the Commissioner of Health, and to cause the fee therefor to be paid to the Commissioner of Health. In case the birth of any child be attended by any other person, who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offence, to be covered as other fines and forfeitures are recoverable, and to be paid to the Commissioner of Health.

RETURN OF A BIRTH. 53833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth, ... 9 February 1914

4. Place of Birth, (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 7 4 0 0 0 0 6 5 3

Health. This schedule shall contain a list of the birthwitnesses which have occurred under or her care during the year, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the father, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or owner of Health, to cause the birth of any child on the third day of each year, and every immediately thereafter, to be duly entered in the book of Health, and the attendance upon the mother immediately thereafter, if shall become the duty of the person or persons of such child to report to birth to the Commissioner of Health, in accordance with the provisions of this section, shall be subject to a fine of not more than one dollar for each offense, to be recovered with other fines and forfeitures be recoverable.

RETURN OF A BIRTH. 53833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Milton Earle ————— Claypoole

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... male
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... Feb 3rd 1894
4. Place of Birth, (Street and Number)..... 937 S Charles St
5. Full Name of Mother,..... Lizzie Emmauld Claypool
6. Mother's Maiden Name,..... Lizzie Emmauld
7. Mother's Birthplace,..... Baltimore City
8. Full Name of Father,..... Harry Claypool
9. Father's Occupation..... Cook
10. Father's Birthplace,..... Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. ...

Address, 1325 S Charles St

Remarks,

1 8 9 4 0 0 0 0 6 5 4

RETURN OF A BIRTH. 53835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan. 3, 1892

4 Place of Birth, (Street and Number)

5. Full Name of Mother.

13. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who made this Return,

Address, 824 Carlton Ave.

Remarks,

any person who has been conferred the license shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 53836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, February 3/94

4. Place of Birth, (Street and Number) No. 913. Concord st.

5. Full Name of Mother, Carrie Dorsey Winder

6. Mother's Maiden Name, Carrie Dorsey Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Edward Winder

9. Father's Occupation, Driver

10. Father's Birthplace, Princess Anne. Somerset. Co. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary T. T. T.

Address, 914-8 1/2 St. N. W. D.C.

Remarks, _____

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered to the Registrar of Vital Statistics, Baltimore City, on the third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, and the Registrar of Vital Statistics, Baltimore City, shall occur without the attendance of a physician or practitioner of medicine, and no other person be in the room of the mother, immediately thereafter, it shall become the duty of the person so present to report to the Registrar of Vital Statistics, Baltimore City, in the manner and within the period above recited, the birth of such child to report its birth, and if any such person or persons who shall hereafter fail to report the birth of such child, shall be subject to the provisions of this section shall be subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb 3 1894

4. Place of Birth, (Street and Number) 642 Harper St

5. Full Name of Mother, Ella R. Suber

6. Mother's Maiden Name, Ella R. Martin

7. Mother's Birthplace, Kenilworth S.C.

8. Full Name of Father, Henderson Suber

9. Father's Occupation, Labourer

10. Father's Birthplace, Kenilworth S.C.

Name of Medical Attendant, or other person who makes this Return, Sourin Lane

Address, 642 Harper St

Remarks,

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

ADDED 3-23-56
RETURN OF A BIRTH.

53939

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Bessie Irene Gardner, 11-2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb 3/24

4. Place of Birth (Street and Number)

133 E. D Street St-

5. Full Name of Mother

Mollie Olivia Gardner

6. Mother's Maiden Name

Mollie Olivia Hewnick

7. Mother's Birthplace

St. Mary's County Maryland

8. Full Name of Father

George William Gardner

9. Father's Occupation

P. O. R. R. Conductor

10. Father's Birthplace

Anne Aronson Co Md

Name of Medical Attendant, or other Person who makes this Return.

E. Michener M.D.

Address

407 Sharp St

Remarks

1894000660

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name of the mother, and the full name of the father, and the day of the month and year of the birth of each child, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth of the child, the person so attending shall be liable to a fine of ten dollars for each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940000661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 28th Jan 4 Feb
 4. Place of Birth, (Street and Number) 1129 Little M^c Elderry st
 5. Full Name of Mother, Kate Rock
 6. Mother's Maiden Name, Gunnell
 7. Mother's Birthplace, Irish
 8. Full Name of Father, Joseph Rock
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Balti-Md
 Name of Medical Attendant, Wm. R. Ullig
 Address, 1802 E Livingston St
 Remarks, _____

1 8 9 4 0 0 0 0 6 6 2

When a child is born, the name and sex of each child, if any, shall be ascertained, and the name and sex of each child, if any, shall be entered on the birth record. The name and sex of each child, if any, shall be ascertained, and the name and sex of each child, if any, shall be entered on the birth record. The name and sex of each child, if any, shall be ascertained, and the name and sex of each child, if any, shall be entered on the birth record.

RETURN OF A BIRTH. 13842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 6 6 3

been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed and attested, to the office of the Commissioner of Health, on the third day of each month following the date of the birth of the child, and the parent or person or persons attending upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1 Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4th February 1894.

4. Place of Birth, (Street and Number) Centre St. 1463.

5. Full Name of Mother, Rosa Riley

6. Mother's Maiden Name, Helina.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Peter Riley

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this return, Lizzie Schaeffer

Address, Tom Petre etc 1908.

Remarks,

18940000664

been conferred its seal under the full name and occupation of its parents, the date and place of birth, and the day of each and every month, and the name of a certificate between the birth of any child and the birth of the next child, in case the birth of any child shall occur within the period above recited, the day of the birth of such child shall be reported to the Commissioner of Health, in the manner provided in this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 4 1894
4. Place of Birth, (Street and Number) 808 Camden St
5. Full Name of Mother, Mary Army
6. Mother's Maiden Name, Handley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J. Army
9. Father's Occupation, Police Officer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Louis P. Harrington
- Address, 924 Baring St
- Remarks, _____

6 4 4 0 0 0 0 6 6 5

RETURN OF A BIRTH. 53845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 4 0 0 0 0 6 6 6

month, and shall set forth as far as the same can be ascertained the full name of each child, its age, sex, color, and the date of its birth, and the name, sex, color, and occupation of its parents, or of a certificate between the first and third day of each month, and every month thereafter, of the Commissioner of Health. In case the birth of any child shall occur within the month of January, the physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter, it shall become the duty of the physician or practitioner of midwifery, or should no other person be present, the mother, to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb 4 1897

4. Place of Birth, (Street and Number) 1826 Elting St

5. Full Name of Mother, Mammie Hicks

6. Mother's Maiden Name, Annie Jensen

7. Mother's Birthplace, Jackson County

8. Full Name of Father, James Hicks

9. Father's Occupation, Farmer

10. Father's Birthplace, Jackson County

Name of Medical Attendant, or other person who makes this Return, Doctor Colanese

Address, 507 Boston St

Remarks,

18940000667

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of health, to the Commissioner of Health, on the third day of each and every month, and a certificate between the first and third day of each and every month, shall occur without the attendance of the practitioner of health, to the Commissioner of Health, on the third day of each and every month, upon the mother, immediately thereafter, and become the duty of the person or persons, or should any such person or persons, fail to comply with the provisions of this section, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

53847

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *February, 4th, 1894*
4. Place of Birth, (Street and Number) *No. 29 Belair Ave.*
5. Full Name of Mother, *Ira Schott*
6. Mother's Maiden Name, *Triskey*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Paul Schott*
9. Father's Occupation, *Labrer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Wilhelmine Schmitt*
- Address, *No. 1720 N. Hollington Ave.*
- Remarks, *none.*

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third child of the mother shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second child, and shall be delivered to the mother, immediately thereafter it shall become the duty of the person or persons of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 second
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored Light brown skin
3. Date of Birth, 5 of Feb
4. Place of Birth, (Street and Number) 815 pinco alley Baltimore
5. Full Name of Mother, Mary Eliza Jones
6. Mother's Maiden Name, Mary Eliza Jones
7. Mother's Birthplace, Baltimore, Maryland
8. Full Name of Father, Samuel H. Jones
9. Father's Occupation, Labor work
10. Father's Birthplace, Baltimore, Maryland
- Name of Medical Attendant, or other person who makes this Return, Annie Johnson
- Address, 1045 Cross st court.
- Remarks, Was Feb 5 at 2 10 o'clock.

8 9 4 0 0 0 6 6 9

CERTIFICATE CORRECTED 10-1-58
RETURN OF A BIRTH. 53849
Board of Health Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick W. Schmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Frederick Male

1. Sex, (state whether male or female): Male

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
SP 63-1894

2. Race or Color, (if not of the race)
3. Date of Birth, Feb 15 1894

3. Date of Birth, Sept 3 1877
4. Place of Birth, (Street and Number) 804 Prince St
Chickadee Ave. the Elizabet

4. Place of Birth, (Street and Number) *807 1/2*
5. Full Name of Mother, *Elizabeth*

4. Place of Birth, (Street and City)
5. Full Name of Mother, ~~Gizzie Schreiner~~ Elizabeth Schreiner
6. Mother's Maiden Name, ~~Gizzie Schreiner~~ Elizabeth Schreiner
Billmose " Frederick Schreiner

6. Mother's Maiden Name, *Elizabeth*
7. Mother's Birthplace, *Baltimore*
Frederick Schmitt

7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Schmitt
9. Father's Occupation, Shoemaker

8. Full Name of Father, Leah A
9. Father's Occupation, Seafaring
10. Father's Birthplace, Baltimore 5-12
or other person who after Postance

10. Father's Birthplace, Baltimore
Name of Medical Attendant, Dr. J. H. L. L. L. or other person who makes this Return, Dr. J. H. L. L. L.

Name of Medical Attendant, or other persons who makes this Return, He. V.

Name of Medical Director _____
Address, _____

Address, _____

Remarks, _____

8 9 4 0 0 0 0 6 7 0

been conferred its sex, color, the full name and occupation of the mother, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health. In case the birth of any child shall occur on the third day or later after the date of its birth, the physician or practitioner of midwifery, or the person or persons who attended upon the mother, immediately thereafter, it shall become the duty of the physician or persons so attending upon the mother, to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb, 5th 1894

4. Place of Birth, (Street and Number) 1505 Patterson Ave

5. Full Name of Mother, Maurice E Wilson

6. Mother's Maiden Name, Gray

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank C Wilson

9. Father's Occupation, Plumber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. H. H. H. H.

Address, 901 N. Street

Remarks,

8940000671

list of the births which have occurred under any of the provisions of this act, and shall not be subject to any penalty for failure to do so, except in the case of a person who has been convicted of a crime under this act, and shall not be subject to any penalty for failure to do so, except in the case of a person who has been convicted of a crime under this act.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 5th 1894*

4. Place of Birth, (Street and Number) *1903 E. Liddle*

5. Full Name of Mother, *Mary Carmine*

6. Mother's Maiden Name, *Stick*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *C. A. Carmine*

9. Father's Occupation, *Saddlemaker*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return *J. B. Schwabke M.D.*

Address, *1003 N. Broadway*

Remarks, *8940000672*

and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately following the birth of the child, the parents or parents of such
child shall be liable to a fine of ten dollars for each and every child so born, and within the period of such
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 53852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, Feb 5th
4. Place of Birth, (Street and Number) Balto 636 Burgundy St
5. Full Name of Mother, Annie Smith
6. Mother's Maiden Name, Annie Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert L. Leland
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Annie Smith
Address, 871 Bay St
Remarks, _____

8940000673

been conferred the sex, color, the full name and occupation of its parents, the date and place of birth; and the child shall be delivered daily signed by the practitioner in the form of a certificate the birth of the child and the day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, then the practitioner shall become the duty of the person or persons of such child to report to the Commissioner of Health, in the manner and within the period above shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 of February 1894

4. Place of Birth, (Street and Number) 831 W. Caroline St.

5. Full Name of Mother, William H. Hoffman

6. Mother's Maiden Name, William H. Hoffman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William H. Hoffman

9. Father's Occupation, Wagon Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Christina Jones

Address, 1059 Maryland Ave

Remarks, 1894

18940000674

Small and faint text on the left margin, likely a legal disclaimer or official notice regarding the registration process.

RETURN OF A BIRTH. 53854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 Feb 1894

4. Place of Birth, (Street and Number) 107 Market Place

5. Full Name of Mother, Mary Jane Russell

6. Mother's Maiden Name, Mary Lynch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. A. Lynch

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 22 Albemarle St.

Remarks, _____

been conferred; its sex, color, the full name and occupation of the mother, the date and place of birth, and the date of registration, shall be delivered, daily at the office of the Commissioner of Health. In case the birth of any child shall occur on the third day of such month, the attendance of a physician or practitioner of medicine shall be required, and the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be liable to a fine not exceeding to the sum of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Female
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Feb. 5 1904

4. Place of Birth, (Street and Number)

1204 E. Biddle St.

5. Full Name of Mother,

Mrs. Kate Schmitt

6. Mother's Maiden Name,

Kate Schlegel

7. Mother's Birthplace,

Mark Pa.

8. Full Name of Father,

George M. Schmitt

9. Father's Occupation,

Brewer

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other person who makes this Return.

Alvinia Schmitt

Address,

1010 Durham St.

Remarks,

48940000677

53857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—2

1. Sex, (state whether male or female).....Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 Feb 1894

4. Place of Birth, (Street and Number) 604 5th Ave St

5. Full Name of Mother *Bessie Kravitz*

6. Mother's Maiden Name *Rebecca A. [unclear]*

7. Mother's Birthplace

8. Full Name of Father *Chas. Bennett*

0. Flower's Composition

10. Father's Birthplace

NAME: 635 312 3 44 1 1 or other names like

DECLARED BY WILLIAM L. BROWN, makes this Return, 1915

Address, 1234 Main St, New York, NY 10001

Remarks

8 9 4 0 0 0 0 6 7 8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

1. Sex, (state whether male or female). Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th Feb 1894

4. Place of Birth, (Street and Number) 1135 2nd St. N. W. Washington, D. C.

5. Full Name of Mother: James J. J. J.

8. Mother's Maiden Name, Brown

7. Mother's Birthplace, Massachusetts

8. Full Name of Father, Henry C. Lee

9. Father's Occupation..... *Farmer*

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, W. A. Williams

Address, 172 Union

Remarks

1 8 9 4 0 0 0 0 6 7 9

and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without any fee or charge to the practitioner, or shall become the duty of the person or persons of such child in report, its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl Male

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, February 5, 1891

4. Place of Birth, (Street and Number) 302 N. Carter St.

5. Full Name of Mother, Becca Herzoff

6. Mother's Maiden Name, Becca Peris

7. Mother's Birthplace, Russia

8. Full Name of Father, Henry M. Herzoff

9. Father's Occupation, Teacher

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. A. Feldman

Address, 413 E. Lombard St.

Remarks,

8940000680

RETURN OF A BIRTH. 53861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Second child

2. Race or Color, (if not of the white race) Male

3. Date of Birth, 1900-1901

4. Place of Birth, (Street and Number) *97 Fillmore St.*

5. Full Name of Mother, *Rebecca L. H. 3789*

6. Mother's Maiden Name, Alfreda Shadema

7. Mother's Birthplace, *Poland, Russia.*

8. Full Name of Father, John J. Sullivan

9. Father's Occupation, Michael Stedding

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who

Address, 414 S. Stricker St. Louis Mo.

Remarks, Water and ...

[illegible]

Every child, at the time of its birth, shall be registered by the mother, or other person who has charge of the child, on a birth certificate, which shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, within ten days of the birth of the child. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the mother to report the birth of the child to the Registrar of Vital Statistics, Baltimore City, within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 5
4. Place of Birth, (Street and Number) Cannell st ally 400
5. Full Name of Mother, Fannie Geboldt
6. Mother's Maiden Name, Fannie Geboldt
7. Mother's Birthplace, Germany
8. Full Name of Father, No Father
9. Father's Occupation, -
10. Father's Birthplace, -
- Name of Medical Attendant, or other person who makes this Return, Mrs. Schurman
- Address, 409 South Bond st
- Remarks, -

18940000683

RETURN OF A BIRTH. 53863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant _____

or other person who makes this Return,

Address _____

Remarks

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of its confinement, and the name of the physician in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur upon the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, it shall be the duty of the person or persons so attending, and in the absence of such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of not less than one dollar and not more than five dollars, and the child shall be subject to the fine of ten (10) dollars, to be recovered at other times and for other purposes as recoverable under the provisions of this act.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the latter person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb. 5, 1894 (+0 26 North Chapel Street)
4. Place of Birth, (Street and Number) 1026 North Chapel Street
5. Full Name of Mother, Ellen Bardley
6. Mother's Maiden Name, Ellen Young
7. Mother's Birthplace, Baltimore County Md.
8. Full Name of Father, Amos Bardley
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore County Md.
- Name of Medical Attendant, Gondalia Howard or other person who makes this Return.
- Address, H 1013 N. Chapel Street
- Remarks, CS CS

894000685

RETURN OF A BIRTH. 53863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 12

1. *Sex*, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*.....

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address, -

Remarks,

when conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of delivery, duly attested by the practitioner in the form of a certificate between the first and third day of each year, and every day thereafter, to the office of the Commissioner of Health. In case the birth of any child shall occur during the absence of a physician or practitioner of midwifery, or should no other person be in attendance at the birth, the mother, immediately thereafter, it shall become the duty of the person or persons of such class to report to birth to the Commissioner of Health, in the manner and under the provisions of this section, shall be subject to a fine of not more than one hundred dollars for each offence; to be recovered in other fines and forfeitures are recoverable under the law of this State.

RETURN OF A BIRTH. 53866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 5th. 94.

4. Place of Birth, (Street and Number) 1313 North Gilman St.

5. Full Name of Mother, Mary Ann Clarke

6. Mother's Maiden Name, Mary Ann Mackenzies

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, William J. Clarke

9. Father's Occupation, Merchant

10. Father's Birthplace, Ann Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Clark, M.D.

Address, 1503 W. Fayette St.

Remarks, _____

1 8 9 4 0 0 0 6 8 7

This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and seventh day of the month, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or person or persons of such child to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any failure to do so shall be deemed an offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 5-1894
4. Place of Birth, (Street and Number) Waverly - Barclay - Baltimore
5. Full Name of Mother, Catharine Boykins
6. Mother's Maiden Name, Catharine Brown
7. Mother's Birthplace, Mo
8. Full Name of Father, Willis Boykins
9. Father's Occupation, Laborer
10. Father's Birthplace, Mo
- Name of Medical Attendant, or other person who makes this Return, Susan Emily Bond
- Address, No 8 Talbot St
- Remarks, Waverly Baltimore City

RETURN OF A. BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.
Male.

1 Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7 Mother's Birthplace.

8. *Full Name of Father*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 4 0 0 0 0 6 8 9

RETURN OF A BIRTH.

GIVEN NAME ASBEO, 6-17-64

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARIE Louise Comegys

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,.....
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,.....
9. Father's Occupation,.....
10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Seventh.

Fuzzale

White

Feb. 6, 1894.

403 N. Chester St
ANNE ARBOR

Louse ~~Cowdage~~

Louise Kartz

Baltimore, Maryland

Williamson

Baltimore

Englewood

Mary A. Plummer
141 Pl. Street

241 D. Ord...

8 9 4 0 0 0 0 6 9 0

and covered the sex, color, the full name and occupation of its parent, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance upon it by a physician or practitioner of midwifery, or should no such attendance be required, and the birth of such child shall occur within the period above required, and any such person or persons who shall be found to have failed to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 53876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child Female.

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 6 Feb 1894

4. Place of Birth, (Street and Number) 4012 Union Ave Army

5. Full Name of Mother, Gary Goodrich

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Goodrich

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs G Gross

Address, 1907 Monument St

Remarks, _____

8940000691

Section 11. Every person who is required to register a birth, and who fails to do so, shall be liable to a fine of ten dollars for each offence. The said fine shall be recoverable by the City of Baltimore, and shall be paid to the City Treasurer. The said fine shall not be a bar to the recovery of the same by the City of Baltimore, and shall be in addition to the penalty provided for in the said section 10. The said fine shall be recoverable by the City of Baltimore, and shall be paid to the City Treasurer. The said fine shall not be a bar to the recovery of the same by the City of Baltimore, and shall be in addition to the penalty provided for in the said section 10.

RETURN OF A BIRTH. 53871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6d. Jan. 1892

4. Place of Birth, (Street and Number) 858 Maryland St.

5. Full Name of Mother, Frederic Boon

6. Mother's Maiden Name, Frederic Boon

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Thomas J. Boon

9. Father's Occupation, Tobacco Factory

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. George

Address, 711 N. Green St.

Remarks, _____

18940000692

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd
Male
White

White

February 6 - 1894

2219 N. Calvert St.

Charvil G. Cooper

Stewart

Paterson

Julius F. Cooper

Boyd K. Kasper

Bathymetry

Theodore Parker M.D.

914 N. Charles St.

~~1 8 9 4 0 6 6 6 9 3~~

RETURN OF A BIRTH. 53874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
male

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored 1894

3. Date of Birth, 1310 June 11

4. Place of Birth, (Street and Number) - Batavia, N.Y.

5. Full Name of Mother, *H. H. Johnson*

6. Mother's Maiden Name, Baltianine

7. Mother's Birthplace, Lebanon, Mo. Hale

8. Full Name of Father, Washburn

9. Father's Occupation Bathman

10. Father's Birthplace, _____ other person who _____

Name of Medical Attendant, or other person who makes this Return, Dr. J. L. ...

Name of Medical Association, Hospital, etc. _____
Address, 1331 Hae. St. Los Angeles, Calif.

Remarks.

[illegible]

been conferred his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, to the Registrar of Vital Statistics, Baltimore City, who shall enter the same in the official record, and shall also forward a copy of the same to the Registrar of the County of Baltimore. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the mother to report the birth of the child to the Registrar of Vital Statistics, Baltimore City, and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 Feb. 1914

4. Place of Birth, (Street and Number) S. Dallas St. 714

5. Full Name of Mother, Mabelle Klejns

6. Mother's Maiden Name, Lula

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Klejns

9. Father's Occupation, carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Meri Press

Address, S. Bond St. 238

Remarks, _____

8940000696

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

53877

timore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 2

1. Sex, (state whether male or female)... Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 6/44
4. Place of Birth, (Street and Number) 322 S. Main St.
5. Full Name of Mother, Annie Smith
6. Mother's Maiden Name, Annie Carpenter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Smith
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Mary E. L.
Address, 1213 South St.
Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health, or should no other period be in
attendance upon the birth of a child, it shall become the duty of the person or persons, of such
any such person or persons who shall hereafter fail to comply with the provisions of this act, and who shall be
jected to the fine of ten (\$10) dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 53879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fourth
female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Dec 16

4. Place of Birth, (Street and Number)

Baltimore, Monument St 212

5. Full Name of Mother,

Lilla Bennett

6. Mother's Maiden Name,

Lilla Wilson

7. Mother's Birthplace,

Easton, Md Maryland

8. Full Name of Father,

George P. Bennett

9. Father's Occupation,

Carber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Caroline Patterson

Address,

41 Louis street

Remarks,

Living full at ear

1894000700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1022

Remarks.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the child shall schedule that be delivered to the office of the Commissioner of Health, or should no other person be available, to the nearest health officer, at least three days before the birth of the child, and upon the attendance of a physician or nurse becoming the duty of the person or persons so attending upon the mother, Commissioner of Health, in the manner and under the provisions of this section shall be authorized to report or persons who shall hereafter fail to so comply, to be fined in other fines and forfeitures are recoverable by the State of ten dollars for each offense, to be recovered as follows:

Sec. 60.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or parent of such child shall become and continue to be the person or persons of such child, in so far as its birth to the Commissioner of Health, in the registration of such child, and in the payment of the fee thereon, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53881 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 6th 1894

4. Place of Birth, (Street and Number) 20 Union Ave., Baltimore

5. Full Name of Mother, Mary Florence Hargett

6. Mother's Maiden Name, Mary Florence Perry

7. Mother's Birthplace, St. Mary's Co., Md.

8. Full Name of Father, James Merritt Hargett

9. Father's Occupation, Cather

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wm. H. Foster

Address, 1600 E. Lombard St.

Remarks,

RETURN OF A BIRTH. 53882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 6th 94

4. Place of Birth, (Street and Number) Calverton 78

5. Full Name of Mother, Mary Bonner

6. Mother's Maiden Name, Mary Goodrich

7. Mother's Birthplace, Germany

8. Full Name of Father, J. C. Bonner

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J. C. Bonner

Address, 572 Chestnut St.

Remarks,

18940000703

Person cannot be held liable for any fee or cost, but the fee for the certificate shall be paid by the person or persons who are liable for the same. The fee for the certificate shall be paid by the person or persons who are liable for the same. The fee for the certificate shall be paid by the person or persons who are liable for the same.

RETURN OF A BIRTH. 53883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *May 6th 1894*
- Place of Birth, (Street and Number) *1700th Hamburg St. Baltimore*
- Full Name of Mother, *Caroline Louise Raacke*
- Mother's Maiden Name, *Caroline Louise Raacke*
- Mother's Birthplace, *Halgemhausen Province Prussia*
- Full Name of Father, *Wm. A. Raacke*
- Father's Occupation, *Grocer Salesman*
- Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Bangs*
- Address, *711 1/2 Broadway*
- Remarks, _____

RETURN OF A BIRTH. 53884
 Registration Board of Health, Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Death May Davis

Name of child: Ruth May Davis

No. of Child of Mother, (state whether male or female) female

- No. of Child of Mother, (single or double)
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth. *February 6 1894*
4. Place of Birth, (Street and Number) *Chi 127 Stafford Ct*
5. Full Name of Mother, *Lena Davis*
6. Mother's Maiden Name, *Lena Montgomery*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Davis*
9. Father's Occupation, *fishman*
10. Father's Birthplace, *Washington*
or other person who

Father's Birthplace,
Name of Medical Attendant, or other person who makes this return.

Address,

Remarks

8 9 4 0 0 0 0 7 0 5

[illegible]

shall be delivered, duly signed by the physician, or other person who makes this Return, and the said schedule shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and the said schedule shall be retained in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, for a period of ten (10) years, and the said schedule shall be retained in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, for a period of ten (10) years, and the said schedule shall be retained in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, for a period of ten (10) years.

RETURN OF A BIRTH 53885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Feb 6th 94
4. Place of Birth (Street and Number), Harmon Park - Hopkins St 388
5. Full Name of Mother, Mamie M. Slaven
6. Mother's Maiden Name, Mamie Slaven
7. Mother's Birthplace, West Va
8. Full Name of Father, William Slaven
9. Father's Occupation, Merchant
10. Father's Birthplace, West Va
- Name of Medical Attendant, A. W. Lucas
or other person who makes this Return.
- Address, 607 N. Charles St
- Remarks, _____

18940000706

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. No certificate shall be received unless it contains the name of the mother, the name of the child, the date of birth, the sex, the race or color, the date of birth, the place of birth, the name of the mother, the name of the father, the name of the medical attendant, and the name of the person who makes this return. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fine and forfeitures are recoverable.



RETURN OF A BIRTH. 53886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W. H.

3. Date of Birth, Oct. 1894

4. Place of Birth, (Street and Number) Baltimore St. No. 464

5. Full Name of Mother, Marie Wolf

6. Mother's Maiden Name, Shengf

7. Mother's Birthplace, Germania

8. Full Name of Father, Lohan Wolf

9. Father's Occupation, Wool Merchant

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this return, Caroline Schwan Apt. E. h. g. No. 434

Address, Caroline Schwan Apt. E. h. g. No. 434

Remarks, _____

1894000707

between the first and second child shall be delivered, duly signed by the practitioner in the form of a certificate, and the birth of any child shall be reported to the Commissioner of Health, or should no other person be present, to the physician or practitioner attending the birth, and the duty of the person or persons so required, and shall occur without the attendance upon the birth, in the manner and within the time specified in this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 Jan. Tabernash 1894
4. Place of Birth, (Street and Number) Boon St. No. 1540
5. Full Name of Mother, Marceline Schmitt
6. Mother's Maiden Name, Walter
7. Mother's Birthplace, Germanian
8. Full Name of Father, Rudolph Schmitt
9. Father's Occupation, W. H. Miller
10. Father's Birthplace, Germanian
- Name of Medical Attendant, or other person who makes this Return, Marceline Schmitt
- Address, Tabernash 1540
- Remarks, _____

8940000708

and schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, or should no other persons of such shall occur within the month, immediately after the birth of the child, in the manner and to the effect of the provisions of this section shall be recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offense.

RETURN OF A BIRTH. 53888
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Child
Sex, (state whether male or female) Girl
Race or Color, (if not of the white race) White Race
Date of Birth, Born Feb 6th 1894
Place of Birth, (Street and Number) # 22. Garrison Lane
Full Name of Mother, Mrs. Dora Plewonskie
Mother's Maiden Name, Miss. " Schlueter
Mother's Birthplace, Hannover, Germany
Full Name of Father, Paul. Plewonskie
Father's Occupation, Labor
Father's Birthplace, Hannover Germany
Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller
Address, + 2127 W. Pratt St
Remarks, _____

8940000709

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the ten days preceding the day on which the certificate is due, the practitioner shall deliver the same to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 6 1894
4. Place of Birth, (Street and Number) 807 Bloom st
5. Full Name of Mother, Lottie B Lancaster
6. Mother's Maiden Name, Lottie B King
7. Mother's Birthplace, Queen Co Va
8. Full Name of Father, Asah Lee Lancaster
9. Father's Occupation, Laborer
10. Father's Birthplace, Queen Co Va
- Name of Medical Attendant, or other person who makes this Return, Louisa Lane
- Address, 642 Foster st
- Remarks,

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of a child occurs on the third day of each month, the certificate shall be delivered to the office of the Commissioner of Health on the first day of the following month. The attendance upon the mother, immediately thereafter, in the manner and within the period above required, and the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. Child
Girl

1. Sex, (state whether male or female) White Race

2. Race or Color, (if not of the white race) Born Feb 7 - 1894

3. Date of Birth, # 75. Browns Lane

4. Place of Birth, (Street and Number) Miss Betty Wagman

5. Full Name of Mother, Miss. Brown

6. Mother's Maiden Name, Balto City

7. Mother's Birthplace, Paulus. Wagman

8. Full Name of Father, Milk. Wane

9. Father's Occupation, Balto City

10. Father's Birthplace, Miss. Miller

Name of Medical Attendant, or other person who makes this Return, A 2127 W. Pratt St

Address, W. Pratt St

Remarks,

8940000712

RETURN OF A
Board of Health, Baltimore City.

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
 _____ female) _____

1. Sex, (state whether male or female)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number) *Mk*

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

8. Full Name of _____
9. Father's Occupation _____

10. *Father's Birthplace,*

10. *Father's Occupation* _____ or other person who makes this Return
Name of Medical Attendant _____ 23

Name of _____
Address, _____

Address, -
Remarks,

[illegible]

RETURN OF A BIRTH.

53893

to the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
 whether Male or Female *Female*
 Color (if not of the white race) *Colored*
 Date of Birth *7th of Feb*
 Birth (Street and Number) *No. 513 West Street*
 Name of Mother *Alice Johnson*
 Maiden Name *Alice Jones*
 Birthplace *Prince George County*
 Name of Father *Frank Johnson*
 Occupation *Steward*
 Birthplace *Baltimore City*
 Medical Attendant, or other Person who makes this return *Charley Boylston*
805 Block House St
Dokey Hill

1 8 9 4 0 0 0 7 1 4

RETURN OF A BIRTH. 53894

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13
 Sex Male

1. Sex, (state whether male or female)..... Male

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....

2. Race or Color, (if not of the same race as the mother) _____
3. Date of Birth, Feb 7 1894 (if not of the same date as the mother) _____

2. Race or Color, *W*
3. Date of Birth, *Feb 7 1897*
4. Place of Birth, (Street and Number) *942 Howard St
Berresh G Mason*

4. Place of Birth, (Street and Number) - *Barraclough & Macdonald*
5. Full Name of Mother, *Barraclough Jackson*

5. Full Name of Mother, Larrach Jackson
6. Mother's Maiden Name, Peranna Richardson

5. Full Name of Mother, *Sarrach Jackson*
6. Mother's Maiden Name, *Virginia Richmond*
7. Mother's Birthplace, *County*
William L. Mason

7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *William I. Mason*
Spauld

8. Full Name of Father, *Isaiah*
9. Father's Occupation, *Farmer*

8. Full Name of _____ Walter
9. Father's Occupation _____
10. Father's Birthplace _____ Eastern Shore Maryland
_____ or other person who _____
_____ is _____

10. Father's Birthplace, - China
Name of Medical Attendant, Dr. J. H. H. H. H. or other person who makes this Return, Dr. J. H. H. H. H.

Name of Medical Attendant, *P. E. D.* or other person who makes this return.

Name of Medical Record
Address, 509 Preston St.

Remarks, _____

Remarks,

~~8940000715~~

The certificate shall be delivered daily by the practitioner in the form of a separate piece of birth; and the said certificate shall be delivered daily to the office of the collector of midwifery, or should no parents or such third day after the attendance of a practitioner, it shall become the duty of the collector of midwifery to take attendance upon the mother, Commissioner of Health, in the case of the child being born before required, and to report its birth to him as soon as he can do so, and if the child is recovered and found to be recoverable, may sue for the fine of ten (\$10) dollars for each offense, to be recovered on other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 33895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Six*
Female

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race) Ind 7/894

3. Date of Birth, 11/37 Stillman Sh

4. Place of Birth, (Street and Number) 731
Catharine Snider

5. Full Name of Mother, Washrine Bainer

6. Mother's Maiden Name, Urbana
Baltimore Md

7. Mother's Birthplace,
Name of Father, *Franklin Dwyer*

8. Full Name of Father, Labor

9. Father's Occupation, *Battman Ma*
10. Father's Birthplace, *England*

Name of Medical Attendant, Dr. H. H. H. H. H.

Name of Addressee _____
Address #19 1811 Westfall Place
Wichita, Kansas

Address, Moster and Chace Mill

8 9 4 0 0 0 0 7 1 6

been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, and the child of any birth attendant upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A.

RETURN OF A BIRTH. 53896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

6th

1. Sex, (state whether male or female).....

male

2. Race or Color, (if not of the white race).....

White

3. Date of Birth,

February 7th 1894

4. Place of Birth, (Street and Number).....

No 1536 Burrough St

5. Full Name of Mother,

Anna Slaferski

6. Mother's Maiden Name,

Anna Konakoska

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Ignatius Slaferski

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Catherine Hornung

Address,

No 1517 Byrd St

Remarks,

8940000717

RETURN OF A BIRTH. 53897 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *Feb. 1894*

4. Place of Birth. (Street and Number) *Lisbet Elle No 121*

5. Full Name of Mother. *Lise Strohmeyer*

6. Mother's Maiden Name. *Tennison*

7. Mother's Birthplace. *Germany*

8. Full Name of Father. *Heinrich Strohmeyer*

9. Father's Occupation. *W. M. Mine*

10. Father's Birthplace. *Germany*

Name of Medical Attendant, or other person who makes this Return. *Flanline Schreyer Paul Eby No 494*

Address, *Flanline Schreyer Paul Eby No 494*

Remarks, _____

18940000718

RETURN OF A BIRTH. 53898
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A DEATH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race).

2. Race or Color, (if not of the white race) _____
3. Date of Birth, _____ (and Number)

4. Place of Birth, (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person making this Return, L. G.

Address,

Remarks.

any such fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

Wm. J. G. DULANEY CO CITY PRINTERS AND STATIONERS

~~8940000719~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Third
Female

Female

Tuesday Feb 7th 1894

2330 Stockton St

Emma Rutler

Emma Rutter

ma Reese

l. triv. v. 8

and L. Rutter

graphing

15 mila del pie en la

who
return.

Address, Mrs Mary J. Chelmsford

Address, 4015
Remarks, 731 Cumberland St

8940000720

been one error in sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the practitioner to report such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.
1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 7 February.
4. Place of Birth, (Street and Number) N. 622. Gaston Street.
5. Full Name of Mother, Margareth Schmidt.
6. Mother's Maiden Name, Margareth Lorn.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Yahm Schmidt
9. Father's Occupation, Broommaker.
10. Father's Birthplace, Baltimore.
- Name of Medical Attendant, or other person who makes this Return, Marie Kloss.
- Address, N. 1906. Fairmount-av.
- Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,.....

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother, W. L. L. L.

6. Mother's Maiden Name, Per

7. Mother's Birthplace, France

8. Full Name of Father, *L. A. A. A.*

9. Father's Occupation.....

10. Father's Birthplace, *Conn*

Name of Medical Attendant, or other person who makes this Return

Address,.....

Remarks, _____

[illegible]

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended upon by a physician or practitioner of medicine, the Practitioner shall be held responsible for the attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 7th

4. Place of Birth, (Street and Number) Lummas Alley 1820

5. Full Name of Mother, Saddie Thomson

6. Mother's Maiden Name, Sarah Thomson

7. Mother's Birthplace, York Pa

8. Full Name of Father, John Thomson

9. Father's Occupation, Teacher

10. Father's Birthplace, York Pa

Name of Medical Attendant, or other person who makes this Return, Miss Brown

Address, 1604 Chestnut

Remarks, _____

18440000723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 7th 1904

4. Place of Birth, (Street and Number). 804 Sandwya St

5. Full Name of Mother, Lillian G. Mehlhorne

6. Mother's Maiden Name, Lillian G. Taylor

7. Mother's Birthplace, Havre de Grace

8. Full Name of Father, Herman G. Viehlhorne

9. Father's Occupation, Clerk

10. Father's Birthplace, Saxony

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Wright MD.
101 N Carey St

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section. Any person neglecting to do so shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd. (2nd.)*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *February 7th. 94.*
4. Place of Birth, (Street and Number) *1312 W. Franklin St.*
5. Full Name of Mother, *Nora M. Nacl*
6. Mother's Maiden Name, *Nora M. Hunter*
7. Mother's Birthplace, *Carroll Co. Md.*
8. Full Name of Father, *James P. Nacl*
9. Father's Occupation, *Cabinet maker*
10. Father's Birthplace, *Carroll Co. Md.*
- Name of Medical Attendant, or other person who makes this Return, *Henry C. Okler, Md.*
- Address, *1703 Mt Fayette St*
- Remarks, *Premature (7 months)*

18940000725

pregnancy of each birth, and shall enter the same on a blank schedule, to be furnished by the commissioner of Health. This schedule shall contain the date of each birth, the name of the mother, the name of the father, the sex, color, the date of each child's birth, and the month and day of each child's birth, the date of each child's death, the date of each child's marriage, and the date of each child's divorce. The schedule shall be delivered, duly signed by the practitioner of Health, in case the birth of any child on the third day of each and every month to the office of the practitioner of Health. It shall become the duty of the person or persons, or the person or persons, who attend at the birth to the Commissioner of Health. If the manager and wife of the person or persons, or the person or persons, who attend at the birth to the Commissioner of Health, shall hereafter fail to comply with the provisions of this section, they shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Feb. 8*
4. Place of Birth, (Street and Number) *331 S. Chester St*
5. Full Name of Mother, *Lucie Kane*
6. Mother's Maiden Name, *Lusie Daugherty*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James Kane*
9. Father's Occupation, *Fireman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Mary A. Pertner*
- Address, *241 S. Chester St*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

A.

RETURN OF A BIRTH

53906

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of child: Harry Herman Watkins
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh (7th)
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 8th 1894.
4. Place of Birth, (Street and Number) No. 410 N. Appleton St.
5. Full Name of Mother, Helen Isadore Watkins
6. Mother's Maiden Name, Wilman
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Thomas Edward Watkins
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return, Dr. W. Knight M.D.
Address, 414 N. Greene St.
Remarks,

894000727

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

53908

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3d child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb. 8. 1894.

4. Place of Birth (Street and Number)

413 S. Washington St.

5. Full Name of Mother

Wilhelmina Watson

6. Mother's Maiden Name

" Berkemeier

7. Mother's Birthplace

City
Thos. H. Watson

8. Full Name of Father

Grocer

9. Father's Occupation

10. Father's Birthplace

City
John B. Rehberger
1709 Alice Anna St.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

18940000729

A

RETURN OF A BIRTH. 53911 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 14 1923

4. Place of Birth, (Street and Number) Anna Smith

5. Full Name of Mother, " Hoffman

6. Mother's Maiden Name, Germany

7. Mother's Birthplace, Fred Smith

8. Full Name of Father, Salazar

9. Father's Occupation, Germany

10. Father's Birthplace, Chas. Hoffman

Name of Medical Attendant, or other person who makes this Return, Chas. Hoffman

Address, 1331 Hull St. S. Louis, Mo.

Remarks, _____

18440-00732

any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered by the Commissioner of Health, in the manner and within the period above required, and the costs of such proceedings shall be recovered by the Commissioner of Health. If a child become the duty of the person or persons of such attendance upon it, within the period above required, and the mother of such child be unable to provide for the support and maintenance of such child, the Commissioner of Health, if it shall become the duty of the person or persons of such attendance upon it, shall be liable to a fine of ten dollars for each offense, to be recovered by the Commissioner of Health, in the manner and within the period above required, and the costs of such proceedings shall be recovered by the Commissioner of Health. If a child become the duty of the person or persons of such attendance upon it, within the period above required, and the mother of such child be unable to provide for the support and maintenance of such child, the Commissioner of Health, if it shall become the duty of the person or persons of such attendance upon it, shall be liable to a fine of ten dollars for each offense, to be recovered by the Commissioner of Health, in the manner and within the period above required, and the costs of such proceedings shall be recovered by the Commissioner of Health.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

~~8 4 0 0 0 7 3 3~~

RETURN OF A BIRTH. 53914
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eliza Foster^{5th} Markand*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *ballad*
3. Date of Birth, *February 8 1894*
4. Place of Birth, (Street and Number) *South Howard St 601*
5. Full Name of Mother, *Eliza Foster Marige 30*
6. Mother's Maiden Name, *Eliza Montgomery*
7. Mother's Birthplace, *Churchcreek Dorchester Co Md*
8. Full Name of Father, *Daniel J Foster 35*
9. Father's Occupation, *Smelton Marks*
10. Father's Birthplace, *Churchcreek Dorchester Co Md*
- Name of Medical Attendant, or other person who makes this Return, *Mary Macom*
- Address, *11 York St*
- Remarks, *full time*

[illegible]

RETURN OF A BIRTH.

53916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the full name and occupation of the parent, the time and place of the birth, and the sex of the child. It shall be delivered, duly signed, to the Office of the Commissioner of Health, on or before the first day of each month, and every nurse or physician or practitioner of medicine or surgery, or should no other person be present, the mother, shall report the birth of the child to the Commissioner of Health, in the manner and within the time above required, and shall report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

M

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Jan 8. 94

4. Place of Birth, (Street and Number)

1419 Federal

5. Full Name of Mother,

Catherine Bauer

6. Mother's Maiden Name,

Bopehova

7. Mother's Birthplace,

Pr

8. Full Name of Father,

Edw Bauer

9. Father's Occupation

Mechanic

10. Father's Birthplace,

B C

Name of Medical Attendant, or other person who makes this Return,

Dring Miller

Address,

1107 S. Monmouth St

Remarks,

8940000735

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of death, and the date and place of burial, and the date and place of the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance, the parent or parents of such child shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-12-57
RETURN OF A BIRTH. 53916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. *Harry Spennert*
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female), *Male*
2. Race or Color, (if not of the white race), *White*
3. Date of Birth, *8th of Feb - 1894*
4. Place of Birth, (Street and Number), *416 W. Lexington St*
5. Full Name of Mother, *Netty Patterson Spennert*
6. Mother's Maiden Name, *Netty P. Milligan*
7. Mother's Birthplace, *Phila*
8. Full Name of Father, *Fredrick Spennert*
9. Father's Occupation, *Gold Silvers*
10. Father's Birthplace, *Balt. M.D.*
Name of Medical Attendant, or other person who makes this Return, *Susan Hunter*
Address, *23 N. Papiretta St*
Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

health. In case the child should contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the names of the parents, the date and place of birth, and the child's sex, color, the full name of the child, the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or persons of such attendance upon the mother, immediately thereafter, shall report the same to the health officer in the manner and within the period above required, and shall to report the same to the health officer in the manner and within the period above required, and shall be subject to the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 539/8

▷ To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept. 2 - 19

4. Place of Birth. (Street and Number) Garrison St. No. 1355

5. Full Name of Mother, Emilie Radner

6. Mother's Maiden Name, Markus

7. Mother's Birthplace, Singapore - Siam

8. Full Name of Father, Charles Radner

9. Father's Occupation, Stenciler

10. Father's Birthplace, Singapore - Siam

Name of Medical Attendant, or other person who makes this Return, Johanna Jensen

Address, Garrison St. No. 1355

Remarks,

RETURN OF A BIRTH.

53919

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th Child
 Sex whether Male or Female Female
 Color (if not of the white race) Colored
 Date of Birth 8th of Feb
 Place of Birth (Street and Number) 823 Stockholm St
 Name of Mother Mary Morrell
 Mother's Maiden Name Mary Brown
 Mother's Birthplace Virginia
 Name of Father Benjamin Morrell
 Father's Occupation Stevedore
 Father's Birthplace Colbert County
 Name of Medical Attendant, or other Person who makes this return Charity B. Alden
 Address 808 Stephen St
 City and State Wm. Bell

RETURN OF A BIRTH. 53920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 2 1888

4. Place of Birth, (Street and Number) 114 East 20th

5. Full Name of Mother, Mary Brown

6. Mother's Maiden Name, Mary Young

7. Mother's Birthplace, Charlottesville Virginia

8. Full Name of Father, Donald Young

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, (or other person who makes this Return) Wm. C. Dalany

Address, 607 Packer St

Remarks, _____

18940000740

month, and shall set forth as far as the same can be ascertained, the full name of each child, of its sex, color, date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or in case of a stillbirth, or in case of the death of any other person before the child is reported to the office of the Commissioner of Health, the person so dying, or the person so dying, shall become the duty of the person so dying, or the person so dying, to report to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8th Feb

4. Place of Birth, (Street and Number)

621 Second Baltimore St

5. Full Name of Mother,

Mrs. ~~Elizabeth~~ Gertrude, Penn

6. Mother's Maiden Name,

A. Benckert

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

Valentine Washington Brown

9. Father's Occupation

C. Cass, Painter

10. Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other person who makes this Return,

Mrs. Bangs

Address,

711 Broad St

Remarks,

1894000741

A. RETURN OF A BIRTH. 53423
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3?
 Sex Male
 Color White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) Feb. 95

3. Date of Birth, 1900
Place of Birth, (Street and Number) 100

5. Full Name of Mother

6. *Mother's Maiden Name*

7. Mother's Birthplace, ...

8. Full Name of Father,

9. *Father's Occupation.*

9. *Father's Birthplace,*

Father's Birthplace, _____
Name of Medical Attendant, _____ or other person who makes this Return.
424

Address,

Remarks,

month, and shall set forth as far as the same can be ascertained, the full name of the child, the date and place of birth; and the sex, color, the full name of the father, the date and place of birth; and the name of the mother, the date and place of birth; and the name of the physician or practitioner in the form of a certificate between the first and the said date of birth, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the mother to report the birth of the child to the Commissioner of Health, and to file a certificate of birth, within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 53924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 9th Feb. 1894
4. Place of Birth, (Street and Number) Baltimore 500 Chasnut St.
5. Full Name of Mother, Elizabeth Gutman
6. Mother's Maiden Name, Elbert
7. Mother's Birthplace, Waverly
8. Full Name of Father, Wm. J. Gutman
9. Father's Occupation, Wholesale Meat
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs. Harriet Blodgett
- Address, 114 Old York Road
- Remarks, Waverly

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
- Sex, (state whether male or female) Male
 - Race or Color, (if not of the white race) W.C.
 - Date of Birth, 9th Feb^y 1894
 - Place of Birth, (Street and Number) Talbot & Eby N. 1214
 - Full Name of Mother, Henri Neweker
 - Mother's Maiden Name, Harrovi
 - Mother's Birthplace, Baltimore
 - Full Name of Father, Wilhelm Neweker
 - Father's Occupation Wool Merchant
 - Father's Birthplace, Baltimore

Name of Medical Attendant, _____ or other person who makes this Return.

Address, Handline Harry Talbot & Eby N. 434

Remarks, _____

18940000745

month or more shall set forth in full, as the same can be ascertained, the full name of each child, its sex, shall be entered in the schedule, and the full name of the mother, the date and place of birth, the date and place of birth of the child, and the date and place of birth of the mother, shall be entered in the schedule. In case the birth of any child shall occur without the attendance of a physician, or midwife, or other person, the person attending the birth of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics,
Karl Volkmar Petz, Jr.
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. *Date of Birth,*.....

4. *Place of Birth, (Street and Number)* 1000

5. Full Name of Mother, Ann

6. Mother's Maiden Name, John

7. *Mother's Birthplace,*

8. Full Name of Father, _____

9. *Father's Occupation,*.....

10. *Father's Birthplace,* _____

Name of Medical Attendant, or other person who makes this Return.

Address, _____

Remarks,

[illegible]~~8 9 4 0 0 0 0 7 4 6~~

and shall set forth as far as the same can be ascertained, the full name of each child, (if any), and the date and time of its birth, the date and time of its death, the date and time of its burial, and the date and time of its cremation, and the date and time of its interment, and the date and time of its removal from the place of birth, and the date and time of its removal from the place of death, and the date and time of its removal from the place of burial, and the date and time of its removal from the place of cremation, and the date and time of its removal from the place of interment, and the date and time of its removal from the place of removal.

RETURN OF A BIRTH. 53927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth.

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

894000747

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the medical attendant, shall be delivered, in duplicate, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and to cause the same to be duly recorded. Any person who fails to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

6540000748

month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the date and place between the first and the last of its birth, the date and place of its death, and the date and place of its burial. In case the birth of any child shall occur on the third day of each month, the attendance of a physician or a midwife, or should to other person, such as shall occur upon the mother, immediately upon the birth of the child, in the manner and within the time above required, and shall report its birth to the Registrar of Vital Statistics, who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) First-

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb: 9th 1894

4. Place of Birth, (Street and Number) 48 N. Biddle Street

5. Full Name of Mother, Mrs. Maud Buchanan McKistone

6. Mother's Maiden Name, Maud Buchanan Rice

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Blakistone

9. Father's Occupation, Lawyer

10. Father's Birthplace, St. Marys County - Md

Name of Medical Attendant, or other person who makes this Return, N. P. O. Wilson

Address, 814 Park Avenue

Remarks, _____

18940000750

RETURN OF A BIRTH
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

9th.

Female

Colored.

Feb. 9/94

194
1124 Hilary St.

er). 14-21
Ella Groefm.

Thomas

Baltes Co.

James C.

Cambridge

Woolford:

Cambridge

W. L. ...

Ed. 1792

Medical Student.

22- M. C. Cullough Jr.

Case from

Return

Dispen
Gonnanie

years of
Medicine

College

Murphy & Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return, E. Lennora d. anderson
1434 P. T. S. S. St

Address,

Remarks,

[illegible]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any, shall have been conferred, the name of its parents, the date and place of birth; and the day of each and every month to the office of the Commissioner of Health. In case of a birth occurring on the third day of each and every month to the office of the Commissioner of Health, the birth shall be in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

A.

RETURN OF A BIRTH. 53933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, February 9th 1894

4. Place of Birth, (Street and Number) No. 111 Columbia Ave.

5. Full Name of Mother, Rose Walter

6. Mother's Maiden Name, Rose Krummholz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Walter

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, _____ or other person who makes this Return.

Address, _____

Remarks, _____

1 8 9 4 0 0 0 0 7 5 3

A. RETURN OF A BIRTH. 53934
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother, Henrietta Baker

6. Mother's Maiden Name, Henrietta Cummins

7. Mother's Birthplace, Walbert County

8. Full Name of Father, Mares Toaker

D. Father's Occupation.

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

When a child is born, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its birth, shall be ascertained, and a certificate of birth shall be made, and the same shall be filed in the office of the Registrar of Vital Statistics, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate of birth, to the mother, or to the father, or to the guardian of the child, or to the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time provided in this section, and any such person or persons who fail to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 5393p

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. Child
Girl
 1. Sex, (state whether male or female) _____
 2. Race or Color, (if not of the white race) White Race
 3. Date of Birth, Born Feb 9th 1894
 4. Place of Birth, (Street and Number) #25 Mount Olivet Lane
 5. Full Name of Mother, Mrs. Elisa Frischknecht
 6. Mother's Maiden Name, Mrs. " Affolter
 7. Mother's Birthplace, Hessen Germany
 8. Full Name of Father, Jacob Frischknecht
 9. Father's Occupation, Grave Digger
 10. Father's Birthplace, Hessen Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs. Hoeller
 Address, #2127 W Pratt Str
 Remarks, _____

8940000756

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, date and place of birth, the name of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or practitioner of health, or should no other person be in attendance upon the child, to the Commissioner of Health, or should the duty of the person or parents of such child to report its birth to the Commissioner of Health, in compliance with the provisions of the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of the period above required, and be convicted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Kindr

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

9 February

4. Place of Birth, (Street and Number)

Bethel St. 503

5. Full Name of Mother,

Juliana Rackardski

6. Mother's Maiden Name,

Hope

7. Mother's Birthplace,

Crajan

8. Full Name of Father,

Edmond Rackardski

9. Father's Occupation,

Pe Kanis

10. Father's Birthplace,

Crajan

Name of Medical Attendant, or other person who makes this Return,

Mari Press

Address,

St. Bond St. 838

Remarks,

8940000757

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or parents of such child shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. RETURN OF A BIRTH. 53939
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 4th
4. Place of Birth, (Street and Number) Cuba St
5. Full Name of Mother, Maggie Mc Carthy
6. Mother's Maiden Name, Maggie Mc Carthy
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Mc Carthy
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland
Name of Medical Attendant, or other person who makes this Return, Mrs E. L. L.
Address, 1619 Cuba St
Balt
Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) White

2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 February 9, 1894

4. Place of Birth, (Street and Number) Barrow, Alaska

5. Full Name of Mother, Doyle Cornelia
S. to K. H. H.

6. Mother's Maiden Name, Kamli Namgy

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Matthew Lorrison*
Black Smith

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks,

Wm J. C. Dulany Co., City Printers and Stationers.

8 9 4 0 0 0 0 7 6 1

been referred to a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to file this Return in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so shall be subject to a fine not exceeding ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Annex
A. RETURN OF A BIRTH. 53942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Ohle M. Perkins
No of Child of Mother, (Date whether 1st, 2d, 3d, &c.) 5th.
1. Sex, (state whether male or female), Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 9th. 94.
4. Place of Birth, (Street and Number) #7 Cottage Ave. Annex
5. Full Name of Mother, Florence Perkins
6. Mother's Maiden Name, Florence Bagwell
7. Mother's Birthplace, Raleigh North Carolina
8. Full Name of Father, David R. Perkins
9. Father's Occupation, Laborer
10. Father's Birthplace, Goldsborough North Carolina
Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle. M.D.
Address, 1203 W. Fayette St.
Remarks,

18940000762

A. RETURN OF A BIRTH 5394
 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
 Sex, (state male or female) *Female*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) Colored

3. Date of Birth, February 9

3. Date of Birth, February 7
4. Place of Birth, (Street and Number) 656 Hoffman
Leha 6 Barbra

4. Place of Birth, (Street and City) Leba E Barber
5. Full Name of Mother, Leba E Barber

5. Full Name of Mother, Leba Barber
6. Mother's Maiden Name, Wintersburg W

6. Mother's Maiden Name, *Lecha*
7. Mother's Birthplace, *Martinsburg W. Va.*

7. Mother's Birthplace, *Marion*
8. Full Name of Father, *Joseph Hohner*
Coachman

8. Full Name of Father, *Coachman*
9. Father's Occupation, *Coachman*

10. Father's Birthplace, Georgia

Father's Birthplace, Georgia or other person who makes this Return. Anna M. Brown

Name of Medical Attendant, Dr. J. S. Brown Street 112

Name of Medical Attendant, *or other person who makes this Return.*
Address, *563 W. Dolphin Street*

Remarks, 1 8 9 4 0 0 0 0 7 6 3

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred its sex, color, the full name of its parents, the date and place of birth, and the said schedule shall be delivered to the office of the Commissioner of Health, within the month of the birth of any child, and shall be subject to the inspection of the Commissioner of Health, or should any other person be in attendance upon the mother, immediately after the birth of the child, in the manner and within the period of such child to report its birth, persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53944
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 9th 1894
4. Place of Birth, (Street and Number) 506 South Bond St.
5. Full Name of Mother, Faye Berman
6. Mother's Maiden Name, Faye Sachs
7. Mother's Birthplace, Greensboro P.
8. Full Name of Father, Pinch Berman
9. Father's Occupation, Machinist
10. Father's Birthplace, Novoschadina
Name of Medical Attendant, Yette C. Lawrence or other person who makes this Return.
Address, 1022 E. Sunland St.
Remarks, 1022 E. Sunland St.

GIVEN NAME ADDED 11-10-53

RETURN OF A BIRTH 53945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Virginia Lee Gibbs / 54

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *W.*
2. Race or Color, (if not of the white race) *9 Feb. 1894.*
3. Date of Birth, *1112 Polk St,*
4. Place of Birth, (Street and Number) *Eunice J. Gibbs,*
5. Full Name of Mother, *Shoup*
6. Mother's Maiden Name, *Weychester, Va.,*
7. Mother's Birthplace, *Chas. H. Gibbs,*
8. Full Name of Father, *How much*
9. Father's Occupation, *West River, Md.*
10. Father's Birthplace, *J. T. Gibbs*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, _____

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and residence of the parent or parents, the date and place of birth; and the usual residence shall be delivered to the office of the Commissioner of Health, in and to which the other person be in the State, upon the birth of the child, and without the attendance of a physician or practitioner of the duty of any person or persons of such attendance upon the mother, immediately after birth, in the manner and within the period above required, and to report to its birth mother, who shall, hereafter fail to comply with the provisions and forfeitures are recoverable, any child to the fine of ten (10) dollars each offense, to be recovered as other fines and forfeitures are recoverable.

ascertained the full name of each child (if any shall have been conceived), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the form of a certificate between the first and third day of each and every month to the Office of the Registrar of Vital Statistics, Baltimore City, for filing in the records of the Office. No fee shall be charged for the filing of such certificate, but the practitioner shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 53946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10
4. Place of Birth, (Street and Number) Baltimore City 923 W. Lombard St.
5. Full Name of Mother, Annie E. Hogan
6. Mother's Maiden Name, Annie E. Gayleard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John T. Hogan
9. Father's Occupation, Moulder
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Elizabeth A. Thomas
or other Person who makes this Return.
- Address, 1242 West Pratt St.
- Remarks, _____

been conferred) its sex, color, the full name of the child, (if any shall have been conferred) its sex, color, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the attendance upon the mother, immediately after the birth of the child to report its birth to the Commissioner of Health, in the manner and within the time provided in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 16

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 Feb 1894

4. Place of Birth, (Street and Number) East Eby St 482

5. Full Name of Mother, Pauline Schway

6. Mother's Maiden Name, Kriedel

7. Mother's Birthplace, Germany

8. Full Name of Father, Arthur Ulman

9. Father's Occupation, Clerk Miner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address, Pauline Schway East Eby St 482

Remarks,

18940000770

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall be born), and shall also set forth the full name and occupation of its parents, the date of its birth, the day of the month, the year, the sex, color, the full name and occupation of the physician or practitioner of midwifery, or should no other person be present at the birth, the name of the person attending upon the mother, immediately thereafter it shall become the duty of the person attending upon the mother to report its birth to the Commissioner of Health, and to file a copy of the same with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th February 1894
4. Place of Birth, (Street and Number) Bird St No 128
5. Full Name of Mother, Anna Lukas
6. Mother's Maiden Name, Pielich
7. Mother's Birthplace, Germany
8. Full Name of Father, Maximilian Lukas
9. Father's Occupation, Walt Mann
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, _____
Address, Frederick Schwaner Post Eby No 434
Remarks, _____

8940000771

been conferred (its sex, color, the full name and occupation of its parents, the date and place of birth; and, if any child or children are born to it, the names and dates of their births), and each such certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth of such child, the mother or her nearest relative or next of kin shall be bound to report its birth to the Commissioner of Health, in the manner and within the time herein prescribed. If any such person or persons who fail hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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Page 19.

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month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the sex, color, race, and date of birth of the child, and the name of the practitioner in the form of health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the duty of the person or persons of such attendance shall be to immediately thereafter report the birth of such child to the Commissioner of Health, in the manner and at the time provided in this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53953
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 12 1894

4. Place of Birth, (Street and Number) 1022 Watson St.

5. Full Name of Mother, Laye Berchke

6. Mother's Maiden Name, Laye Grafton

7. Mother's Birthplace, Brisk Russia

8. Full Name of Father, Will Berchke

9. Father's Occupation, Carpenter

10. Father's Birthplace, Brisk

Name of Medical Attendant, or other person who makes this Return, _____

Address, 1022 E. Lombard St.

Remarks, 1022 E. Lombard St.

been conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately upon the birth of such child, the parents of such child shall cause such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollar, each, offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 539537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race). White

3. Date of Birth, Feb 10th

4. Place of Birth, (Street and Number). 219 Saindall st

5. Full Name of Mother, Baroline Roder

6. Mother's Maiden Name, Kochlein

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo Roder

9. Father's Occupation Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katus Mäisch

Address, 100 Seadenhall Street

Remarks, _____

been conferred his sex, color, the full name and occupation of the mother, the date and place of birth and the date of registration, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, shall become the duty of the person or persons of such sex, color, name and occupation, who shall become the mother, to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. RETURN OF A BIRTH. 53956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 10 96
4. Place of Birth, (Street and Number) 2832 Laramie
5. Full Name of Mother, Ella Bensell
6. Mother's Maiden Name, Ella Thyle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Bensell
9. Father's Occupation, Barkeeper
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, M. J. Stevens
- Address, 2832 Laramie St
- Remarks, _____

18940000776

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, within the third day of each and every month to the office of the Registrar, or practitioner of midwifery, or should no other person be in attendance, the practitioner of midwifery, immediately thereafter it shall become the duty of the person or persons be in attendance, to report to the Registrar of Health, in the manner and within the time specified in this section, the birth of every child to be born in the city of Baltimore, and any such person or persons who shall hereafter fail to do so, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. RETURN OF A BIRTH. 53958
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether ~~male~~ or female) _____

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 10th 1894

4. Place of Birth, (Street and Number) 158 new-cross st.

5. Full Name of Mother, Carrie Rudland

6. Mother's Maiden Name, Carrie Wagner

7. Mother's Birthplace, Virginia

8. Full Name of Father, Mrs. H. Rudland

9. Father's Occupation, Wannier

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Statio Minich
or other person who makes this Return, _____

Address, 300 Ladenhall street

Remarks, _____

18940000772

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name of its parents, the date and place of its birth, and the name of the practitioner in the form of certificate, in case the birth of any child shall occur within the month, to the office of the Commissioner of the Department of Health, or should no other person be in attendance upon the mother, immediately thereafter, and shall become the duty of the person or persons so named to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 53959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

First

Male

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Feb 10 94

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Mary Edelson

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Frederick, Md

Refuses to give

M. H. H. M.D.
1143 Park Ave

A. RETURN OF A BIRTH. 53960
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

2. Race or Color, (if not of the white race)
3. Date of Birth, February 10, 1881

4. Place of Birth, (Street and Number)-----

4. *Place of Birth, (Street and No.)*
5. *Full Name of Mother,*

6. Mother's Maiden Name, -----

7. Mother's Birthplace, _____

7. Mother's Birthplace, _____
8. Full Name of Father, _____
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99. _____
100. _____

9. Father's Occupation _____
Birthplace, _____

10. *Father's Birthplace,* _____, or other person makes this

Name of Medical Attendant, or other person making this report

Address,

Remarks,

Wm. J. C. Dulany Co. City Printers and Stationers

A. RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

53961

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb. 10 1894
4. Place of Birth, (Street and Number) 1747 Orleans St
5. Full Name of Mother, Annie Kelly
6. Mother's Maiden Name, Annie Hackett
7. Mother's Birthplace, Westmoreland Co. Va.
8. Full Name of Father, Jasper Kelly
9. Father's Occupation, laborer
10. Father's Birthplace, Westmoreland Co. Va.
- Name of Medical Attendant, or other person who makes this Return, Dr. Susan Hooper
- Address, 423 N. Durham St.
- Remarks, _____

0440000781

A RETURN OF A BIRTH. 53962 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11.

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

10th of February 98

4. Place of Birth, (Street and Number)

614 Lloyd St

5. Full Name of Mother,

Marie Kinnike

6. Mother's Maiden Name,

Marie Jacob

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Friedrich Kinnike

9. Father's Occupation,

Salonkeeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Friedrich Reuter Widmeyer

Address,

2116 West Pratt St

Remarks,

8940000782

A. RETURN OF A BIRTH. 53963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 11th 1894

4. Place of Birth, (Street and Number) 101 Barney St

5. Full Name of Mother, Mary Frances Smith

6. Mother's Maiden Name, Mary Frances Preston

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, Charles Smith

9. Father's Occupation, Brakeman on Rail Road

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, Ellenora A. Anderson
or other person who makes this Return.

Address, 1434 Patapsco St

Remarks,

18940005783

and the
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
attendant upon the mother, immediately thereafter its shall become the duty of the person or persons in
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

A RETURN OF A BIRTH. 53964
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *11th day of February 1894*
4. Place of Birth. (Street and Number) *607 2d Mulberry St*
5. Full Name of Mother, *Pauline E. Miller*
6. Mother's Maiden Name, *Pauline E. Childress*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Chas. H. Miller*
9. Father's Occupation, *Hatchmaker*
10. Father's Birthplace, *Baltimore Md.*
Name of Medical Attendant, or other person who makes this Return, *Susan Hunter*
Address, *23 N. Bayview St*
Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)-

1. Sex, (state whether male or female) Male & Female (twins)

2. Race or Color, (if not of the white race)--- White
Texan

3. Date of Birth. February 1, 1927
B. H. Co. St.

4. Place of Birth, (Street and Number) - 137 W. Main St.
P.O. Box 100

5. Full Name of Mother, Elizabeth Vape

6. Mother's Maiden Name, W. H. H. H.

7. Mother's Birthplace, Waltham, Mass.

8. Full Name of Father, Henry H. Vane

9. Father's Occupation..... an engineer
12-25-55-

10. *Father's Birthplace.* Dallas, Tex 22 0

Name of Medical Attendant, or other person who makes this Return, Dr. J. L. ...
1-2-81

Address, 327 Sharp St.

Remarks,

8 9 4 0 0 0 7 8 5

RETURN OF A BIRTH. 53967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth. Feb. 11 - 1894

4. Place of Birth, (Street and Number) 1038 Granby St.

5. Full Name of Mother, Rosina Berl

6. Mother's Maiden Name, Schwartz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George J. Berl

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8940000787

the full name of each child, if any, shall have been conferred, his sex, color, the full name, occupation of his parents, the date of birth, and the date of registration, shall be entered in the schedule shall be delivered to the office of the Registrar of Vital Statistics, Board of Health, within the period above required, or should the person or persons be in attendance upon the mother, immediately after it shall become the duty of the person or persons to report its birth to the office of the Registrar of Vital Statistics, Board of Health, in the United States, with the provisions of this section and the provisions of the Act of the General Assembly of the State of Maryland, passed at the session of 1893, chapter 100, section 1, which shall hereafter fall to be recovered as other fines and forfeitures recoverable, any such person or persons who shall be fined or forfeited to the State of Maryland, shall be liable to the same.

been conferred in sex, color, the full name and occupation of its parents, the date and place of birth, the first and third day of each and every month to the collector or practitioner of Health, or should no other person be in the family, the birth of any child shall occur without the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time provided in this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 11, 1894

4. Place of Birth, (Street and Number) 618 Canton St

5. Full Name of Mother, Lizzie Southland

6. Mother's Maiden Name, Lizzie Marshall

7. Mother's Birthplace, Balt

8. Full Name of Father, Basil Southland

9. Father's Occupation, Engineer

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mary S. Swaine

Address, 824 Canton St.

Remarks,

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. The name of the child shall be written in the form of a certificate of birth, and the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the person or persons of such child shall be reported to the Commissioner of Health, in the manner and within the time specified in this section, shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. RETURN OF A BIRTH. 53969
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 11 - 1894
4. Place of Birth, (Street and Number) 313 S. Dallas St.
5. Full Name of Mother, Maggie Winerite
6. Mother's Maiden Name, Donaldson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Winerite
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, (or other person who taken this Return) Mary Stern
Address, 1427 E. Pratt St.
Remarks, _____

6940000789

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the sex, color, and place of birth, and the date of birth, and the day of the month and year of its birth, and the name of the person or persons who attended upon the mother, immediately thereafter, it shall be the duty of the person or persons so attending upon the mother, to report the birth to the Commissioner of Health, in the manner and within the time required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. RETURN OF A BIRTH. 53970
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 11 1894
4. Place of Birth, (Street and Number) Bingamers St 1249
5. Full Name of Mother, Mary Ann Rankin
6. Mother's Maiden Name, Mary Ann Rankin
7. Mother's Birthplace, Baltimore John Rankin
8. Full Name of Father, John Rankin
9. Father's Occupation, labourer
10. Father's Birthplace, Washington
- Name of Medical Attendant, or other person who makes this Return, Leannat Jane Wilson
- Address, 1249 Bingamers St
- Remarks, full 9 months

and the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the practitioner of midwifery, or the person or persons of such child to report its birth to the Commissioner of Health, in the month and day of the birth, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-6-55
RETURN OF A BIRTH.

53971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Daisy Elizabeth Smith

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Feb. 11/94
 4. Place of Birth, (Street and Number) 400 N. Street
 5. Full Name of Mother, May Smith
 6. Mother's Maiden Name, Mary Barker
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, R. A. Smith
 9. Father's Occupation, Grocer
 10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other person who makes this Return, Geo. W. Burns M.D.
- Address, 1501 Prentiss Ave.
- Remarks,

been conferred, its sex, color, the full name and occupation of its parent, where it was born, the date and place of birth, and the name of the medical attendant, shall be reported to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the parent or person who shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in accordance with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. RETURN OF A BIRTH. 53973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Gohlke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11 of February 1894

4. Place of Birth, (Street and Number)

1104 Danbury St.

5. Full Name of Mother,

Mary Gohlke

6. Mother's Maiden Name,

Mary Ruths

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Julius Gohlke

9. Father's Occupation

Wheelwright

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs. Bange

Address,

711 Cross St

Remarks.

SEE FILE ADDED 4/28/54

A RETURN OF A BIRTH. 53975
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 11th 1944

4. Place of Birth, (Street and Number) *Box 1000*

5. Full Name of Mother, Annie C. Nagel

6. Mother's Maiden Name, 4 Eric
Barth

7. Mother's Birthplace, *New York*
Hempstead Harbor

8. Full Name of Father, William Hazel
Baker

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

Any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. RETURN OF A BIRTH. 53976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Feb. 11, 1894
 4. Place of Birth, (Street and Number) 142 Hannover St
 5. Full Name of Mother, Emma Peters
 6. Mother's Maiden Name, Emma Burk
 7. Mother's Birthplace, Martinsburg
 8. Full Name of Father, W. Peters
 9. Father's Occupation, Conductor
 10. Father's Birthplace, Martinsburg
 Name of Medical Attendant, (or other person who makes this Return) Dr. R. L. Shockey
 Address, 213 E. Beath St
 Remarks, Living Well.

6440000796

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred in sex, color, date and place of birth; and the occupation of its parents, the date and place of birth of its child, and the date and place of birth of its child, or should no other person be in attendance upon the birth of a child, it shall become the duty of the person or persons of such attendance upon the birth to the Commissioner of Health, in the manner and within the time prescribed in this section, to cause the birth of such child to be registered, and the fee of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. RETURN OF A BIRTH. 53978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 11-97
4. Place of Birth, (Street and Number) Lancaster St. 1716
5. Full Name of Mother, Rosa Shamanska
6. Mother's Maiden Name, Doneski
7. Mother's Birthplace, Poland
8. Full Name of Father, Milke Shamanska
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland
Name of Medical Attendant, or other person who makes this Return, Wm. Krzyzka
Address, 602 Bond St.
Remarks, _____

18940000798

been conferred its sex, color, the full name and occupation of the mother, the date and place of birth; and the said certificate shall be delivered, duly signed, to the mother, or to the father, or to the person who has the custody of the child, or to the physician or practitioner of medicine or midwifery, or to the person or persons in attendance of the mother, immediately thereafter, and the mother, or the father, or the person who has the custody of the child, or the physician or practitioner of medicine or midwifery, or the person or persons in attendance of the mother, shall be liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Feb 11 - 1894

3. Date of Birth, Feb 11 - 1894

4. Place of Birth, (Street and Number) 1241 Jackson St.

5. Full Name of Mother, Amalia Bengo

6. Mother's Maiden Name, Merriethi

7. Mother's Birthplace, Hungary

8. Full Name of Father, Joseph Bengo

9. Father's Occupation, Tailor

10. Father's Birthplace, Hungary

Name of Medical Attendant, or other person who makes the Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, _____

1 8 9 4 0 0 0 7 9 9

and must set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parent, the date of its birth, and the date of its delivery, and every month to the office of the Commissioner of Health, in case the birth of any child shall occur within the period of twelve months after the date of its delivery, or should no other person be in attendance upon the mother, immediately thereafter, shall report the birth to the Commissioner of Health, in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A RETURN OF A BIRTH. 53981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 11/24
4. Place of Birth, (Street and Number) 1110 Williams St
5. Full Name of Mother, Hannu E. Stauffer
6. Mother's Maiden Name, Hannu E. Ammel
7. Mother's Birthplace, Indiana
8. Full Name of Father, John Stauffer
9. Father's Occupation, Laborer
10. Father's Birthplace, Kent City Md.
- Name of Medical Attendant, or other person who makes this Return, R.A. Pruett M.D.
- Address, 1336 N. Broadway
- Remarks, at

18940000801

been conferred, in sex, color, the full name and occupation of its parents, the date and place of birth; and the child to report its birth to the Commissioner of Health, within the period above required, and shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. RETURN OF A BIRTH. 53983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... Sixth
1. Sex, (state whether male or female)... male
2. Race or Color, (if not of the white race)... White
3. Date of Birth... 11th Feb 1894
4. Place of Birth, (Street and Number)... 1034 Malvern St Baltimore Md
5. Full Name of Mother, Elizabeth Ann Hooper
6. Mother's Maiden Name, Elizabeth Ann Boenke
7. Mother's Birthplace, Rochester, N.Y.
8. Full Name of Father, Friedrich Augustus Hoop
9. Father's Occupation, Shoe maker
10. Father's Birthplace, Oswego N.Y.
Name of Medical Attendant, or other person who makes this Return, Mrs. Baile
Address, 711 N. Broadway
Remarks,

each certificate of birth, the sex, color, the full name and occupation of a parent, and the full name and occupation of a practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A RETURN OF A BIRTH. 53984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... *One*

1. Sex, (state whether male or female)..... *Male*

2. Race or Color, (if not of the white race)..... *White*

3. Date of Birth,..... *Febr 11. 1894*

4. Place of Birth, (Street and Number)..... *1801 Westfall place*

5. Full Name of Mother,..... *Annie E. Stallings*

6. Mother's Maiden Name,..... *Annie E. Boyer*

7. Mother's Birthplace,..... *Frederic co Md*

8. Full Name of Father,..... *Robert H. Stallings*

9. Father's Occupation..... *Labor*

10. Father's Birthplace,..... *Frederic co Md*

Name of Medical Attendant, or other person who makes this Return..... *Mrs E. Donaldson*

Address,..... *1811 Westfall place*

Remarks,..... *Mother & child well*

53984

been conferred in sex, color, the full name and occupation of its parents, the date and place of birth, and the said section shall be filled out by the practitioner in the form of a certificate between the first and third day of each and every month of the year, or at such other intervals as may be determined by the Board of Health, and shall occur without the attendance of a physician or practitioner of midwifery, or should no such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance of health, in the manner and within the period above required, and any such person or persons who shall neglect to do so, shall be liable to a fine not exceeding five dollars, and for each offence, to be recovered in other fines and forfeitures are recoverable.

A RETURN OF A BIRTH. 53985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Feb 12 - 1894
3. Date of Birth, 1517 E Pratt St.
4. Place of Birth, (Street and Number) Susie M. Lang
5. Full Name of Mother, Seibert
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Gottfried Lang
8. Full Name of Father, Barber
9. Father's Occupation, Baltimore
10. Father's Birthplace, Mary Stein
- Name of Medical Attendant, (or other person who noted this birth)
- Address, 1427 E. Pratt St.
- Remarks, _____

1894000805

been conferred its sex, color, the full name and occupation of the parent, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form prescribed, to the Registrar of Health, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child occurs on the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance, the practitioner shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the form prescribed, and the provisions of this act shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex, (state whether male or female) *Twins. Male X female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *February 12th 1894*
 4. Place of Birth, (Street and Number) *No 1008 Compton St*
 5. Full Name of Mother, *Maggie Miles*
 6. Mother's Maiden Name, *Maggie Grouch*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *George Miles*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Katherine Hornung*
- Address, *No 1517 Byrd St*
- Remarks, *c c c c c*

1 8 9 4 0 0 0 0 8 0 6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col

3. Date of Birth, Feb 12th 93

4. Place of Birth, (Street and Number) 607 N Eden St

5. Full Name of Mother, Sibel C. Hester

6. Mother's Maiden Name, Bell Henson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Benjamin C. Hester

9. Father's Occupation, Porter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Susann Hooper
or other person who makes this Return.

Address, 123 N L. Wigham

Remarks, No. Remark

Wm. J. C. Dulany Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 9 0 8 0 8

and the date and place of birth: and the date and place of birth of any child born to the mother, or should no other person be in attendance at the birth of the child, the physician or practitioner of medicine, or the midwife, or the nurse, or the auditor, immediately thereafter, in the manner and within the period prescribed in this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, February 12. 1894.

4. Place of Birth, (Street and Number) 409. Durham street Balt.

5. Full Name of Mother, Sarah E. Pinkett

6. Mother's Maiden Name, Dackins

7. Mother's Birthplace, East. Dorchester County, Mass.

8. Full Name of Father, Joseph R. Pinkett

9. Father's Occupation, hard labor

10. Father's Birthplace, Dorchester County, Mass.

Name of Medical Attendant, or other person who makes this Return, J. Susan Hooper

Address, 123 N. Durham Street

Remarks, No remarks

1894000009

been entered) its sex, color, the full name and occupation of the mother, the date and place of birth; and the day of each and every month to the office of the Commissioner of Health, or the practitioner in the form of a certificate, in case the birth period be in attendance upon the birth of a child, or the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and form required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A RETURN OF A BIRTH. 53991
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12th of February 94.

4. Place of Birth, (Street and Number) 412 Pulaski St.

5. Full Name of Mother, Wanda Winkamski

6. Mother's Maiden Name, Wanda Schultze

7. Mother's Birthplace, Pole

8. Full Name of Father, Julius Winkamski

9. Father's Occupation, Labor

10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Friederike Kessler Midwife

Address, 216 West Pratt St.

Remarks,

18940000811

It is the duty of the Registrar to receive and retain a list of the births which have occurred under the laws of the City of Baltimore during the month and year in which the child is born, and to cause the same to be entered in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother shall be immediately notified by the Registrar, and shall be required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Febr. 12/94

4. Place of Birth, (Street and Number) 28 N. Madeira Alley

5. Full Name of Mother, Karolina Preisinger

6. Mother's Maiden Name, Herholdt

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Preisinger

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Levenhoffer

Address, 2325 Gough str.

Remarks, _____

8940000812

seen conferred) his sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed, to the Registrar of Vital Statistics, on or before the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be so shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be so child in regard to his birth, the mother, immediately thereafter, shall become the duty of the person or persons of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Nelson Gross, d.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5. d.*

1. Sex, (state whether male or female), *Male*
2. Race or Color, (if not of the white race), *White*
3. Date of Birth, *Feb. 12 - 1894*
4. Place of Birth, (Street and Number), *28 S Mount St*
5. Full Name of Mother, *Rachael Guss*
6. Mother's Maiden Name, *Rachael Sieverberg*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Lewis Gross*
9. Father's Occupation, *Cutter*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other person who makes this Return, *J. A. Seligman M.D.*
- Address, *735 N. Lombard St*
- Remarks, **GIVEN NAME ADDED.** *9-2-53*
A.M.

months, shall be set forth as well as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parent or guardian, and the date when said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the hands of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur to a practitioner or provider of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the practitioner or provider of midwifery shall be under obligation to report its birth to the Commissioner of Health, in the manner and within the period or periods of such reporting as may be prescribed by the Commissioner of Health, and in compliance with the provisions of such act any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten dollars each offence, to be covered as other fines and forfeits are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Wilmer J. O'Brien

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)....

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name.*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

RETURN OF A BIRTH. 53999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return, *[Signature]*

Address.

Remarks,

8 9 4 0 0 0 0 8 1 9

Return of Birth ⁵⁴⁰⁰⁰

To the Office of Registrar
of Vital Statistics Board
of Health

Age of Children the 4th
Sex Male

Race White

Date Feb the 12/94

No 2621 West Franklin St

Mother's Name Freda Louise

Maiden Name Zimmerman Honeygold

Birthplace Germany

Father William Honeygold

Birthplace Prussia

Attendant Mary Schaefer

Address W. 12 St. New York

000820

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day of its birth, the time of day, the place of birth, the name of the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Registrar of Vital Statistics, the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person or persons of such child to report its birth to the Board of Health, in the manner, and within the period, above prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Feb'y. 13, 1894*
4. Place of Birth, (Street and Number) *1732 N. Calvert*
5. Full Name of Mother, *Emily Drummock Jenkins*
6. Mother's Maiden Name, *Drummock*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *W. Taylor Jenkins*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Balto. Md*

Name of Medical Attendant, or other Person who makes this Return *Jas. M. Craighill M.D.*

Address, *1730 N. Charles St.*

Remarks, _____

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of health, to the Registrar of Health, on the day of each and every month to the office of the Commissioner of Health, and the practitioner of health shall be liable to the attendance upon the child to the office of the Commissioner of Health, and shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 13 Feb 1894

4. Place of Birth, (Street and Number) 1106 Orleans St

5. Full Name of Mother, Lena Kappel

6. Mother's Maiden Name, Kisser

7. Mother's Birthplace, Balto

8. Full Name of Father, Edward Kappel

9. Father's Occupation, Barber

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm R Albright

Address, 1802 Eberington St

Remarks,

[illegible]

RETURN OF A BIRTH. 54013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, February 13th 1844

4. Place of Birth, (Street and Number) Franklin Road Annex,

5. Full Name of Mother, Mary Elizabeth Lund

6. Mother's Maiden Name, Mary Elizabeth O'Day

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, John Sands Jr

9. Father's Occupation, *Labourer*

10. Father's Birthplace, Bathurst

Name of Medical Attendant, or other person who makes this Return. J. C. McMonahan

Address, Wethersville Mo

Remarks,

1 8 9 4 0 0 0 0 3 2 3

been conferred his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance, to the nearest Justice of the Peace, or other person authorized by the Commissioner of Health, who shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered in such fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 13th / 1894
4. Place of Birth, (Street and Number) 1255 William st Balto Md
5. Full Name of Mother, Emma R. Schueler
6. Mother's Maiden Name, Emma R. Elliott
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Louis H. Schueler
9. Father's Occupation, Cigar Manufacturer
10. Father's Birthplace, Balto Md
- Name of Medical Attendant, or other person who makes this Return, Katie M. Zisch
- Address, 500 Leadenhall Street
- Remarks,

been conferred its sex, color, the name of the parent, the date and place of birth; and the said schedule shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person or persons of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall report to birth to the Registrar of Vital Statistics, Baltimore City, and the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54003-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)— 4
1. Sex, (state whether male or female)— Male
2. Race or Color, (if not of the white race)— White
3. Date of Birth, February 13, 1894
4. Place of Birth, (Street and Number)— 111 S. Charles st.
5. Full Name of Mother, Katie Fritz
6. Mother's Maiden Name, Katie Arnold
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Fritz
9. Father's Occupation, Turner
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Mrs. Bange
Address, 711 N. Broadway
Remarks,

18940000325

RETURN OF A BIRTH. 54006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)-*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

[illegible]

RETURN OF A BIRTH. 54007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)-*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 642

Results,

[illegible]

infant, and shall set forth under the same as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of its birth, the date and the said certificate shall be delivered, daily signed by the practitioner in the form of a certificate between the said child and the city of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter, in the manner and within the time specified in such certificate, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the time specified in such certificate, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Feb 13th 1895 Baltimore Md

4. Place of Birth, (Street and Number)

Baltimore 1850 Fern St

5. Full Name of Mother,

Catherine Grant

6. Mother's Maiden Name,

Catherine Grant

7. Mother's Birthplace,

London England MD

8. Full Name of Father,

J. James Grant

9. Father's Occupation,

Painter

10. Father's Birthplace,

London England MD

Name of Medical Attendant, or other person who makes this Return,

Dr. J. H. Hall

Address,

1610 Vincent St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last of each month, to the Registrar of Vital Statistics, Board of Health, Baltimore City, and the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should other person attend upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in case of refusal to do so, the person or persons so refusing shall be subject to a fine of not less than five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED 5-6-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Joseph Leonard Hankford

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, February 13, 1894

4. Place of Birth, (Street and Number) 410. N. Durham St.

5. Full Name of Mother, Mary E. Hankford

6. Mother's Maiden Name, Mary E. Waters

7. Mother's Birthplace, Somerset County

8. Full Name of Father, Henry L. Hankford

9. Father's Occupation, Leaver

10. Father's Birthplace, Somerset County

Name of Medical Attendant, or other person who makes this Return, Susan Loomis

Address, 123 N. Durham St.

Remarks, _____

18940000829

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the father's name and occupation of its parents, the date and place of birth, the first and third day of each and every month of its life, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section shall be subject to the fine of ten (10) dollars for each breach, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 54011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV
1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) white
3. Date of Birth, Feb 13-94
4. Place of Birth, (Street and Number) 1822 Dover St
5. Full Name of Mother, Grace A. B. Hickey
6. Mother's Maiden Name, Bailey
7. Mother's Birthplace, St. Mary's Co. Md.
8. Full Name of Father, Wm H. Hickey
9. Father's Occupation, Steward Co. Md.
10. Father's Birthplace, St. Mary's Co. Md.
- Name of Medical Attendant, or other person who makes this Return, J. M. Brunch M.D.
- Address, 101 N. Fulton Ave
- Remarks,

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54013

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Feb 13/94

4. Place of Birth (Street and Number)

1742 E. Chase St

5. Full Name of Mother

Mary Ellen Litzinger

6. Mother's Maiden Name

Mary Ellen Clemens

7. Mother's Birthplace

Balto County Md.

8. Full Name of Father

John Martin Litzinger

9. Father's Occupation

Teamster

10. Father's Birthplace

Balto Co Md.

Name of Medical Attendant, or other Person who makes this Return.

E. Michaux M.D.

Address

407 Sharp St

Remarks

18940000833

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) Caucasian

2. Race or Color, (if not of the white race) _____
3. Date of Birth, February 13th 194 _____

4. Place of Birth, (Street and Number)

4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, Minie Kaplan
Minie Rosenberg

5. Full Name of Mother, *Minie Rosenberg*
6. Mother's Maiden Name, *Russia, Europe*

7. Mother's Birthplace, *Russia*
Ypsil Chaplain

8. Full Name of Father, Notes
Business-maker

9. Father's Occupation, *Russian Engineer*

10. Father's Birthplace, ...
... or other person who ... D-2. W. Rubinstein

Name of Medical Attendant, or dentist, who makes this return, Asst. Barre St. Baltimore Md.

Address, 103 W. Wabash St.

Remarks, _____

any such person of ten (10) dollars for each offense.)

~~8-9-4-0-0-0-0-8-3-4~~

RETURN OF A BIRTH. 54015
Statistics. Board of Health, Baltimore City.

No. 1.
2.
3.
4.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female
1. Sex, (state whether male or female) Colored
(is not of the white race) 1311

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *February 13 1918*
1107 Dochnice

3. Date of Birth, _____
 4. Address (Street and Number) _____

4. Place of Birth, (Street and No.) Green

5. Full Name of Mother, *11*
 5. Her's Maiden Name, *11*

6. Mother's Birthplace, *King's County, Ireland*

7. Mother's Name
8. Full Name of Father, Lal Singh

9. Father's Occupation..... Virginia

10. Father's Birthplace, _____ or other person who makes this Return, _____
 _____ Medical Attendant, _____
 _____ Dollars _____

Name of Medical Bureau 725 102 14 18

Address, _____

Remarks, 1 8 9 4 0 0 0 0 3 3 5

and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb 13, 1894

3. Date of Birth, 1881
4. Place of Birth, (Street and Number) 1081 17th St. N.W.

4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, M. L. J. J.

5. Full Name of Mother, Henrietta Headland
6. Mother's Maiden Name, Headland

6. Mother's Maiden Name, W. O.
7. Mother's Birthplace, Ind.

7. Mother's Birthplace, _____
8. Full Name of Father, John Thomas
Carson

8. Full Name of Father, J. Leach
9. Father's Occupation Wid

10. Father's Birthplace, W. Va.

Father's Birthplace, _____
Name of Medical Attendant, _____ or other person who makes this Return, Suzanne Emily Bailey

Name of Medical Attendant, _____
Address, _____

Address, No 8 1/2 Ave
Remarks, General B. City

been conferred, his sex, color, the full name and occupation in the form of a certificate between the first and third year of school shall be delivered, duly to the office of the Commissioner of Health. Should no other person be in the third year of school, the certificate shall become the duty of the person or parents of such child. The certificate shall be a record of the Commissioner of Health, in the manner and within of this section shall be subject to represent persons who shall hereafter fall into the same class, to be recovered as other fines and forfeitures are recoverable, subject to the fine of ten (10) dollars for each offense.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. The practitioner shall be held responsible for the accuracy of the information furnished, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 13" 1894

4. Place of Birth, (Street and Number) Med. Lying In Hospital

5. Full Name of Mother, Alice Johnson

6. Mother's Maiden Name, "

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unknown

9. Father's Occupation, Unknown

10. Father's Birthplace, Unknown

Name of Medical Attendant, (or other person who makes this Return) Wilmer Boniton, M.D.

Address, Med. Lying in Hospital

Remarks, _____

18940000637

RETURN OF A BIRTH 54018

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
Male

1. Sex, (state whether male or female).

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace*,—

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. 2144

Address,

Remarks,

[illegible]

RETURN OF A BIRTH. 54019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10d.*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *Feb. 13.*

4. Place of Birth, (Street and Number) *Balt. 832 West Cross St.*

5. Full Name of Mother, *Annie Roesch.*

6. Mother's Maiden Name, *Annie Schmidt.*

7. Mother's Birthplace, *Balt.*

8. Full Name of Father, *Joseph Roesch.*

9. Father's Occupation, *Tailor.*

10. Father's Birthplace, *Boheman.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Bange.*

Address, *711 W. Cross St.*

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred; its sex, color, the full name and occupation of its parent, the date of birth, the date of the certificate between the first and second child, and the date of the certificate between the second and third child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth of the child, the parent or parents shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. 14 Feb
4. Place of Birth, (Street and Number) 137 Bondall St
5. Full Name of Mother, Mary P Myers
6. Mother's Maiden Name, Mary P. Fisher
7. Mother's Birthplace, Balto
8. Full Name of Father, Mary Myers
9. Father's Occupation, Stitcher
10. Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return. Mrs E P Brakes
Address, 1878 Light St
Remarks, Living Well

1 8 9 4 0 0 0 0 8 4 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form hereunto annexed, on the third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time provided, and any such person or persons who shall hereafter violate any provision of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

54021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *Sept. 14 1894.*

4. Place of Birth, (Street and Number) *1520 Lancaster st.*

5. Full Name of Mother, *Annie Saksik.*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Germania.*

8. Full Name of Father, *Henry Saksik.*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Germania.*

Name of Medical Attendant, or other person who makes this Return,

Address, *205 N Washington st.*

Remarks,

GIVEN NAME ADDED 2-17-59
 RETURN OF A BIRTH 54022
 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City
 Elizabeth Stiefel
 No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *Third*
 1. Sex, (state whether male or female) _____
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *February 14th 94*
 4. Place of Birth, (Street and Number) *979 Frederick Ave*
 5. Full Name of Mother, *Mrs. Annie Stiefel*
 6. Mother's Maiden Name, *Mrs. Annie Schumacher*
 7. Mother's Birthplace, *Baltimore Md*
 8. Full Name of Father, *J. W. Stiefel*
 9. Father's Occupation, *Plumber*
 10. Father's Birthplace, *Baltimore Md.*
 Name of Medical Attendant, or other Person who makes this return *John E. Horvath*
 Address, *#1734 Linden Ave*
 Remarks, _____

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or other person immediately thereafter shall become the duty of the person or persons of such attendance to report its birth to the Commissioner of Health. In the manner and within the time specified in and subject to the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Galloway *Cheston Carey*
First

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 14, 1894

4. Place of Birth, (Street and Number)

832 N. Eutaw St.

5. Full Name of Mother,

Margaret S. Carey

6. Mother's Maiden Name,

Margaret Thomas

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

A. Morris Carey

9. Father's Occupation,

Machine Business

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Howard A. Kelly

Address,

705 N. Charles St.

Remarks,

GIVEN NAME ADDED. 2-18-52

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any, shall have been born to the mother), the date of birth, the sex, the race or color, the date of delivery, the date of the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or other person who shall have been present at the birth, shall be liable to a fine of \$100, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14 February 1894

4. Place of Birth, (Street and Number) Edgar Place 226

5. Full Name of Mother, Elson Schiele

6. Mother's Maiden Name, Jessie Harmoning

7. Mother's Birthplace, Germania

8. Full Name of Father, Max J. Schiele

9. Father's Occupation, Batscher

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Aloisia Schvator

Address, 1010 Duane Street

Remarks,

8 9 4 0 0 0 8 4 4

in person, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of its birth, and the date and place of its death, if it has died; and in case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Child
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Feb 14th 1894
4. Place of Birth, (Street and Number) #2115 Frederick Ave
5. Full Name of Mother, Mrs. Dora Schaefer
6. Mother's Maiden Name, Miss " Reuling
7. Mother's Birthplace, Balto
8. Full Name of Father, William Schaefer
9. Father's Occupation, Plumber
10. Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return, Mrs. Miller
Address, #2127 W. Pratt Str
Remarks,

18940000845

been conceived) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the day of either of the said months, the practitioner shall deliver the certificate to the Commissioner of Health upon the mother, immediately thereafter, it shall be the duty of the practitioner to report the birth of such child to the Commissioner of Health, in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Feb 14-94*
4. Place of Birth, (Street and Number) *1531 Halboeck St*
5. Full Name of Mother, *Margaret Donovan*
6. Mother's Maiden Name, *Car*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edw. L. Donovan*
9. Father's Occupation, *Comptroller*
10. Father's Birthplace, *Balto*
Name of Medical Attendant, or other person who makes this Return, *W B Davis M D*
Address, *7008 Chase St*
Remarks,

+ 8 9 4 0 0 0 0 8 4 6

...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of delivery; and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the period above specified, the mother, immediately thereafter, shall report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Wednesday February 14/94

4. Place of Birth, (Street and Number) Balto 333 E. Hamburg St.

5. Full Name of Mother, Florence Augusta Friedberger

6. Mother's Maiden Name, Jenkins

7. Mother's Birthplace, Balto

8. Full Name of Father, Wendell Philip Friedberger

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Katie Minnick

Address, 100 Seidenhall Street

Remarks,

RETURN OF A BIRTH. 54028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)---

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number),*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, ... *M^o 1907*

Remarks,

8940000048

been conferred its sex, color, or name can be ascertained the full name of each child, (if any shall have been conferred its sex, color, or name) shall be entered in the said schedule, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth of the child, the parents or parents of such child shall be liable to a fine of ten dollars for each offence, and within the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940000849

[illegible]

RETURN OF A BIRTH. 54031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 0 3 5 1

RETURN OF A BIRTH. 54032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 7.

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth, February 14, 1900 (10 clock evening).

4. Place of Birth, (Street and Number) 229 Parkin Street.

5. Full Name of Mother, Catherine Mary Howard

6. Mother's Maiden Name, Hitchell.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, George William Howard.

9. Father's Occupation, salvage.

10. Father's Birthplace, Frederick City - Md.

Name of Medical Attendant, (or other person who makes this Return), Mrs. Marie Evans

Address, from the Evening Dispensary, 614 S. Charles St.

Remarks,

1 5 4 4 0 0 0 8 5 2

RETURN OF A BIRTH. 54033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female)....

2. Race or Color, (if not of the white race)....

3. Date of Birth, February 14, 1903 Evening.

4. Place of Birth, (Street and Number) Grinstead Hotel 409.

5. Full Name of Mother, Amie, Auguste Rave.

6. Mother's Maiden Name, Wheeler.

7. Mother's Birthplace, Baltimore Md..

8. Full Name of Father, Charles Wilson Rave.

9. Father's Occupation, Carpenter.

10. Father's Birthplace, New York.

Name of Medical Attendant, Mrs. Marie Kamm, or other person who makes this Return.

Address, from the Evening Dispensary 614 S. Charles Street.

Remarks.....

54033

RETURN OF A BIRTH. 54034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

~~1 8 9 4 0 0 0 3 8 5 4~~

month, and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable
been conferred) its sex, color, the full name of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the attending physician or practitioner of midwifery, or should no other person be present, by the mother of the child, to the Commissioner of Health, within the period above required, and
third day of each and every month to the office of the Commissioner of Health, or should no other person be present, by the mother of the child, to the Commissioner of Health, within the period above required, and
attend, without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or persons of each
child to report its birth to the Commissioner of Health, within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 54035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 5

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 14 / 89 - 3.25 Am.

4. Place of Birth, (Street and Number) 1701 Latrobe St.

5. Full Name of Mother, Mary A. Gardner

6. Mother's Maiden Name, Williams

7. Mother's Birthplace, Ireland

8. Full Name of Father, John L. Gardner

9. Father's Occupation, Bricklay Stm

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Alfred H. Hester M.D.

Address, 25 W Preston St.

Remarks.

18940000855

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother and child, the mother and child shall be taken to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14th Feb 1894
4. Place of Birth, (Street and Number) 915 E. Mulberry st
5. Full Name of Mother, Margarette Langgood
6. Mother's Maiden Name, Margarette Hochstetler
7. Mother's Birthplace, Germany
8. Full Name of Father, John S. Langgood
9. Father's Occupation, Journalist
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Susan Huntley
Address, 23 N. Payne St.
Remarks,

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. The certificate shall be delivered, duly signed by the practitioner or person attending the birth, to the Commissioner of Health, or to the Registrar of Vital Statistics, on the day of its registration. In case the birth of any child is attended by the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, or to the Registrar of Vital Statistics, and to pay such person or persons the fee of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb. 14 - 1894

4. Place of Birth, (Street and Number) 246 S. Durham St.

5. Full Name of Mother, Laura Henry

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Charles Henry

9. Father's Occupation, Laborer

10. Father's Birthplace, Snow-Hill Somerset Co

Name of Medical Attendant, Mary Stein

Address, 1427 E. Pratt St.

Remarks, _____

1 6 9 4 0 0 0 8 5 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ---

1. Sex, (state whether male or female)....

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 0 8 5 9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

11

Male

Feb. 15 '94

25-10-94
26-10-94

26 N. 1000 S.

Alfred Buschardt

Misch

Salto Ma

d. Benschard

47

Spring 22

Barthelme, William

1007 Walker St

(Faint handwritten notes at the bottom of the page)

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month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any) shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such attendance to report to the nearest health officer, or to the office of the Commissioner of Health, the date and place of birth of such child, and the full name and occupation of its parents, and the date and place of birth of such child. Any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race).....

Colored

3. Date of Birth,.....

Feb 16th 1894

4. Place of Birth, (Street and Number).....

337 Davis St.

5. Full Name of Mother,.....

Addell E. Butler

6. Mother's Maiden Name,.....

Addell E. Gray

7. Mother's Birthplace,.....

Balto City Md.

8. Full Name of Father,.....

J M Butler

9. Father's Occupation,.....

Waiter

10. Father's Birthplace,.....

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,.....

Elizabeth Chace

Address,.....

530 Rogers Ave.

Remarks,.....

18940000862

been conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the date of birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother, or the father, or the mother and father, or the mother and father and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 15th 1894
4. Place of Birth, (Street and Number) 1630 Park Street
5. Full Name of Mother, Mrs Lizzie Doesch
6. Mother's Maiden Name, Lizzie Wofford
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Chas. Doesch
9. Father's Occupation, Driver of Beer Wagon
10. Father's Birthplace, Baltimore City
Name of Medical Attendant, or other person who makes this Return, Mrs Anna Leary midwife
Address, 217 Eastern Avenue Highlandtown Baltimore
Remarks, Registered at Health Department as Mrs Anna Leary midwife

any person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines are recoverable.

RETURN OF A BIRTH 54044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 15th 1894

4. Place of Birth, (Street and Number) 929 Hollins St

5. Full Name of Mother, Mary Eugenie Bannan

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John G. Bannan

9. Father's Occupation, " "

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Joseph E. Henderson

Address, 105 W. Fayette

Remarks, L. O. D. A.

A

the parent or guardian, the local health officer, or the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or physician's assistant, the mother or parents of such child shall report for birth to the Commissioner of Health. In the manner and within the period above required, and in compliance with the provisions of this action shall be satisfied, any such person or persons who shall hereafter fail to comply with the provisions and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born), the name and occupation of its parents, the date and place of birth; and the date and place of death, if any shall have died, and the date and place of burial; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and shall be subject to inspection by the Commissioner of Health, and shall be subject to the penalty of a fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth. Feb. 15/94
4. Place of Birth, (Street and Number) 2205 E. Pratt str.
5. Full Name of Mother, Mary Ritz
6. Mother's Maiden Name, Weis
7. Mother's Birthplace, Balto.
8. Full Name of Father, George Ritz
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto.
- Name of Medical Attendant, or other person who makes this Return, Mrs. Kisenhofer
- Address, 2225 Gough str.
- Remarks, _____

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Any person who shall have been conferred its seal, for the full name and occupation of its parents, the date of birth, and the date of registration, and shall certify between the first and second entries of such and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the birth of such child shall be reported to the Commissioner of Health, in the manner and within the period above required, and child for registration or persons who shall hereafter fail to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 February
4. Place of Birth, (Street and Number) 1300 Battery Ave
5. Full Name of Mother, Maggie Hyland
6. Mother's Maiden Name, Maggie Hill
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Hyland
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, Mrs E L Brakes
- Address, 1825 Light St
- Remarks, Nothing

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex, (state whether male or female) *White*
2. Race or Color, (if not of the white race) *February 15th 1894*
3. Date of Birth, *# 1823 Penn. Ave*
4. Place of Birth, (Street and Number) *Emma Hild*
5. Full Name of Mother, *" Zarnitz*
6. Mother's Maiden Name, *Bach. and*
7. Mother's Birthplace, *Saght Hild*
8. Full Name of Father, *Baker*
9. Father's Occupation, *Bach. and.*
10. Father's Birthplace,
Name of Medical Attendant, or other person who makes this return,
Address,
Remarks, *H. J. Fisher M.D.
P.O. Dr. Lombard St.*

Wm. J. C. Dulany Co., City Printers and Stationers.

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3

been conferred) in sex, color, the full name and occupation of his parents, the date and place of birth, and the third schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, or to a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars in each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) — c. 1000

2. Race or Color, (if not of the white race) - *Italian*

3. Date of Birth, Feb 13 1894

4. Place of Birth, (Street and Number), 1624 ~~North~~ ^{West} ~~Bellevue~~ ^{Bellevue} St. l.

5. Full Name of Mother, Martha Ann Hildreth

6. Mother's Maiden Name, Margaret Lovell Macdon

7. Mother's Birthplace, Baltimore City - Maryland

8. Full Name of Father, Joseph Francis Hildbrand

9. Father's Occupation.....*Director*

10. Father's Birthplace, Baltimore City, Maryland

Name of Medical Attendant, or other person who makes this return, L. C. ...

Address, *212 N. Peachtree St.*

Remarks.

Remarks.

Wm. : C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present, and he shall report to the office of the Commissioner of Health, within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 15th 1894
4. Place of Birth, (Street and Number) Ann St. 612
5. Full Name of Mother, Mary Roman
6. Mother's Maiden Name, Rolstack
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Roman
9. Father's Occupation, Laborer
10. Father's Birthplace, German
Name of Medical Attendant, Mary Keatzka or other person who makes this Return.
Address, 612 Bond St.
Remarks, _____

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[illegible]

RETURN OF A BIRTH. 54034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) — white

3. *Date of Birth*, 12 October 1911

4. *Place of Birth, (Street and Number)* - B-11 RR 1-15

5. Full Name of Mother, Elizabeth

6. *Mother's Maiden Name,* _____

7. Mother's Birthplace, London, England

8. Full Name of Father, L. L. L.

9. Father's Occupation.....

10. Father's Birthplace, Barth's Island

Name of Medical Attendant, or other person who makes this Return, H. J. [Signature]

Address, 1400 St. 1331 West

Remarks:

RETURN OF A BIRTH. 54053

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) To Male Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 Feb.

4. Place of Birth, (Street and Number) Slieve Ann Rd. 1617

5. Full Name of Mother, Anna Michael

6. Mother's Maiden Name, Baxter

7. Mother's Birthplace, Germany

8. Full Name of Father, John Michael

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Khatyka

Address, 602 Bond St.

Remarks, _____

been conferred) its sex, color, the full name, and occupation of its parents, the date and place of birth; and the said certificate shall be delivered by the practitioner in the form of a certificate between the first and third of October, without the attendance of a physician or practitioner of health, in the case of a child to report its birth to the Registrar of Health, in the manner and within the period above required and any person who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

54056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy Male

2. Race or Color, (if not of the white race) Race

3. Date of Birth, February 15, 1894

4. Place of Birth, (Street and Number) 1124 E Lombard St

5. Full Name of Mother, Lena Cohen

6. Mother's Maiden Name, Lena Kaplan

7. Mother's Birthplace, Russia

8. Full Name of Father, Sigmund Cohen

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Feldman

Address, 1124 E Lombard St.

Remarks,

6740000876

RETURN OF A BIRTH. 54157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

13 Child

1. Sex, (state whether male or female)

floral

2. Race or Color, (if not of the white race)

Co Lord

3. *Date of Birth,*

February 15

4. *Place of Birth, (Street and Number)*

Central ave 204

5. *Full Name of Mother,*

Amie Perry

6. *Mother's Maiden Name*

Annice Father

7. *Mother's Birthplace.*

Eastern shore and

8. *Full Name of Father,*

Edward Perry

9. *Father's Occupation.*

Drives a team

10. *Father's Birthplace,*

Washington

Name of Medical Attendant, or other person who makes this Return.

Libath Mondowney

Address,


2-20 Bethel street

Remarks,

[illegible]

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the day of the period or parents of such attendance upon a birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54058

 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 15

4. Place of Birth, (Street and Number) Baltimore City, Subm 2540

5. Full Name of Mother, Elizabeth Spilke

6. Mother's Maiden Name, Leybold Biddison

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Levin M. Spilke

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Mrs Mary J. Shockney

Address, 731 Cumberland St

Remarks,

1 8 9 4 0 0 0 0 8 7 8

month, and shall set forth as far as the statute can be ascertained, the full name of each child, if any shall have been conferred in sex, color, the full name and occupation of its father, and the date of its birth, and the said schedule shall be delivered, daily required by the practitioner in the form of a certificate between the first of July of each and every month to the office of the Commissioner of Health. In case the birth of any child shall be attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the practitioner or practitioner of midwifery, shall be bound to report to the Commissioner of Health, in the manner and within the provisions of this section, shall and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be and be deemed to be guilty of a misdemeanor, and shall be liable to a fine not exceeding ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and the sum of the fine or fines shall be paid to the State Treasurer.

RETURN OF A BIRTH. 54059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Feb. 13-94.

4. Place of Birth, (Street and Number) 1328 La Fayette Ave.

5. Full Name of Mother. Carrie M. Shaffer

6. Mother's Maiden Name Brown

7. Mother's Birthplace *Balt. City*

8. Full Name of Father. James W. Gough

9. Father's Occupation 1. Wood Worker

10. *Father's Birthplace.* Altamont, Va.

Name of Medical Attendant, or other person who makes this return W. Christian M.D.

Address _____

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RETURN OF A BIRTH. 54061

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....6.

Male

2. *Race or Color, (if not of the white race).*

color

3. *Date of Birth.*

Feb 15th 1894

4. *Place of Birth, (Street and Number)*

807 Plum Allen

5. Full Name of Mother,

Susan Ewell

6. *Mother's Maiden Name.*

Susan Curtis

7. *Mother's Birthplace.*

Northampton Co Va.

8. *Full Name of Father,*

Edward! Ell

9. Father's Occupation

Lavor

10. *Father's Birthplace.*

Scamack Lo Va

Name of Medical Attendant, or other person who makes this Return.

Charlotte Williams

Address.

910 Leaden - Hall st

Remarks.

6 4 4 0 0 0 0 8 8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

Second

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

Black

3. *Date of Birth.*

FEB. 15 1944

4. *Place of Birth, (Street and Number)*

115W. Lombard St

5. Full Name of Mother.

Julia Kenney

6. *Mother's Maiden Name.*

va

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

C. S. Key

Address.

115 W. Lombard St

Remarks,

8 9 4 0 0 0 0 8 8 3

been converted, in sex, color, the full name and occupation of its parents, the date and place of birth; and the said act shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no such person be present, the parents of such child to report or persons who shall be present at the birth to the Commissioner of Health, in writing, within the period above required, and be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Irish

3. Date of Birth, July 10

4. Place of Birth, (Street and Number) 622 W. Lombard St.

5. Full Name of Mother, Ann Lee

6. Mother's Maiden Name, -

7. Mother's Birthplace, -

8. Full Name of Father, -

9. Father's Occupation, -

10. Father's Birthplace, -

Name of Medical Attendant, Dr. Stone M.D.

Address, 622 W. Lombard St.

Remarks, -

894000685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks, _____

RETURN OF A BIRTH. 54067

[illegible]

1. Sex, (state whether male or female)-

3. *Date of Birth,*—

5. Full Name of Mother,

7. *Mother's Birthplace,*

9. *Father's Occupation.*

Name of Medical Attendant, or other person who makes this Return.

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54068

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 16/94
4. Place of Birth (Street and Number) 307 S. Howard St.
5. Full Name of Mother Elizabeth Augusta Komros
6. Mother's Maiden Name Elizabeth Augusta Hauf
7. Mother's Birthplace Balto city
8. Full Name of Father Charles Edwin Komros
9. Father's Occupation Fireman
10. Father's Birthplace Balto city
- Name of Medical Attendant, or other Person who makes this Return. E. M. Michener M.D.
- Address 407 S. Sharp St.
- Remarks

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month, and shall act forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such
ability to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED 4-13-56

54069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Morrison Carson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 16 '94

4. Place of Birth, (Street and Number)

1725 McCulloch St

5. Full Name of Mother,

Emily Carson

6. Mother's Maiden Name,

Morrison

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Henry S Carson

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return.

H. M. Wilson

Address,

1008 Madison Ave

Remarks,

been conferred all its sex, color, the full name and occupation of its parents, the date and place of birth; and the schedule shall be delivered, duly signed by the practitioner, to the Office of Health, in case the birth of any child shall occur without the duty of the practitioner or practitioner of midwifery, or should no other person be present at the birth of such child, the duty of the practitioner or practitioner of midwifery, or should no other person be present at the birth of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Nellie Marie French

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Feb. 16th 1894.*
 4. Place of Birth, (Street and Number) *1709 Oliver st.*
 5. Full Name of Mother, *Laura B. French*
 6. Mother's Maiden Name, *Eben*
 7. Mother's Birthplace, *Balto. City*
 8. Full Name of Father, *George B. French*
 9. Father's Occupation, *Fireman*
 10. Father's Birthplace, *Balto. City*
- Name of Medical Attendant, *E. B. Penby, M.D.* or other person who makes this Return.
- Address, _____
- Remarks, _____

18940000890

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the fifth day of every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the month of the birth of the child, the practitioner shall report the birth of the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Feb 16 '94*

4. Place of Birth, (Street and Number) *1726, Mallikern St*

5. Full Name of Mother, *Christina Korm*

6. Mother's Maiden Name, *Jadd*

7. Mother's Birthplace, *Galto Md*

8. Full Name of Father, *Fredrick Korm*

9. Father's Occupation, *Carter*

10. Father's Birthplace, *Galto Md*

Name of Medical Attendant, or other person who makes this Return, *Barolimus Miller*

Address, *1605 Walker St*

Remarks,

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or person who shall hereafter fall to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A

RETURN OF A BIRTH. 54072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 16

4. Place of Birth, (Street and Number) 129 W. Camden St

5. Full Name of Mother, Louisa (Michael) Michel

6. Mother's Maiden Name, Bates

7. Mother's Birthplace, City

8. Full Name of Father, Henry (Michael) Michel

9. Father's Occupation, Barber

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, J. G. Burch M.D.

Address, 571 Harmon St.

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered only signed by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to sign the birth certificate, and the person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

16 Feb

94

4. Place of Birth, (Street and Number)

447 E. Clement St

5. Full Name of Mother,

Sarah Voglesang

6. Mother's Maiden Name,

16

Phillips

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

John Voglesang

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other person who makes this Return

Dr Elizabeth Jewell

Address

436 Chest Ave Balto Md

Remarks,

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the nearest schedule shall be delivered, duly signed by the practitioner in the form of certificate, to the Office of the Registrar of Vital Statistics, Baltimore City, to be filed in the birth record. The practitioner of midwifery, or should no other person be in attendance upon the birth, shall become the duty of the person or persons of such attendance upon the birth, to file the certificate in the Office of the Registrar of Vital Statistics, Baltimore City, within the time specified in this section. If any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY NAME ADDED 11-9-37
RETURN OF A BIRTH. 4075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Robert Lee Penn
1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th 1894 Feb.
4. Place of Birth, (Street and Number) Baltimore 34, East Gosh.
5. Full Name of Mother, Mrs. Ann Penn
6. Mother's Maiden Name, Caroline Slaw
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Willard J. Penn
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs. Ann Talor
- Address, 141 Guilford Alley
- Remarks,

Section 1. This schedule shall contain a list of the births which have occurred within the city and county during the month, and shall set forth as far as may be ascertained the full name of the child, its sex, color, the full name of its parents, the date and place of birth, the name of the physician or practitioner of midwifery, and the name of the person or persons who attended the birth. In case the birth of any child shall occur upon the birth to the Commissioner of Health, in the case of any child, any such person or persons shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert William ~~William~~ Cehlman.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 16 1898
4. Place of Birth, (Street and Number) 638, W. Saratoga St
5. Full Name of Mother, Florence Cehlman
6. Mother's Maiden Name, Florence Kelchauer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert Cehlman
9. Father's Occupation, German
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Hilligonda Plifer

Remarks, 641 So. Paca St

[illegible]

GIVEN NAME ADDED 3-24-38
RETURN OF A BIRTH. 54078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Rosenthal

1. Sex, (state whether male or female)... *Male*

2. Race or Color, (if not of the white race) Y. I 18

3. Date of Birth, 10 Dec 1912

4. Place of Birth, (Street and Number) 2001

5. Full Name of Mother, Wesley H. H. H.

6. Mother's Maiden Name, Wick

7. Mother's Birthplace, Boyle, Mo

8. Full Name of Father, Garrett

9. Father's Occupation Barber

10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return,

Address, _____

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the names of the physician or midwife, or other person who attended the birth, and the name of the person who shall report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and the person or persons so failing to do so shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Feb. 16th 1894

4. Place of Birth, (Street and Number) 513 Oliver Place, Hampden

5. Full Name of Mother, Sarah Jane Smart

6. Mother's Maiden Name, Sarah Jane Matthews

7. Mother's Birthplace, Balt. Co. Md.

8. Full Name of Father, David Clinton Smart

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Roland Ave. Hampden

Remarks, _____

1 5 9 4 0 0 0 9 0 1

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RETURN OF A BIRTH. 54082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female)..... *Female*

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec. 16 1917

4. Place of Birth, (Street and Number) 1019. Vafey

5. Full Name of Mother, Emily Christ

6. Mother's Maiden Name, Theresa

7. Mother's Birthplace, *Hemondell, Wash
D.C.*

8. Full Name of Father, John C. O'Brien

9. Father's Occupation, *...* *(Milk & Cheese)*
B L E

10. Father's Birthplace, *Barro, E. I. P.*

Name of Medical Attendant, or other Person who makes this Return. *C. B. ...*

Address, 1058 W. Broadway

Remarks

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) the sex of each child, the date and place of birth; and the name of the person or persons who shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, the person or persons who shall become the duty of the person or persons of such attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A.

RETURN OF A BIRTH. 54083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles A. ~~_____~~ Mitchell
2nd.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

February 16th. 94.

4. Place of Birth, (Street and Number)

1070 N. Fayette St.

5. Full Name of Mother,

Cora J. Mitchell.

6. Mother's Maiden Name,

Cora J. Ball.

7. Mother's Birthplace,

Casperland, Md.

8. Full Name of Father,

John Mitchell.

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Prices George's Co. Md.

Name of Medical Attendant, or other person who makes this Return,

Henry O. Okle, Md.

Address,

1203 N. Fayette St.

Remarks,

GIVEN NAME ADDED 12-14-53

8940000903

RETURN OF A BIRTH. 54084

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race)

3. Date of Birth, 16 Dec

4. Place of Birth, (Street and Number) /

5. Full Name of Mother, Len

6. Mother's Maiden Name, Leone

7. Mother's Birthplace, Durham

8. Full Name of Father, Louis

9. Father's Occupation, *Doc*

10. Father's Birthplace, H

Name of Medical Attendant, or other person who makes this Return

Address, _____ 1407 _____

Remarks,

month, and shall act with as far as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, age, name and occupation of its parents, the date, place of birth; and the name of the medical attendant in the form of a certificate, to be signed by the physician or midwife, or the first and second names of the mother, and the name of the father, or should no other person be in attendance upon the child, immediately thereafter it shall become the duty of the physician or parents of such child to report its birth to the Registrar of Vital Statistics, in the manner and within the period required, and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Mother of 4th child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Born on Feb. 16th 1874*
4. Place of Birth, (Street and Number) *26 Linden Hall St bet. 4th and 5th Sts*
5. Full Name of Mother, *Martha Gibbs* *Maid Name* *Martha Williams*
6. Mother's Maiden Name, *Martha Williams*
7. Mother's Birthplace, *Born in Culpeper Virginia*
8. Full Name of Father, *Thomas Gibbs*
9. Father's Occupation, *Singing at Fords Grand Opera House*
10. Father's Birthplace, *Essex Virginia*
- Name of Medical Attendant, or other person who makes this Return, *Annie M. Davis*
- Address, *26 Linden Hall St 802 China St*
- Remarks, *Nothing*

[illegible]

10-2-52
RETURN OF A BIRTH. 54088
Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To, the Office of Registrar of Births and Deaths

Louisa Rosielle Emery 9th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

male and Female

1. Sex, (state whether male or female) _____
 2. Race (state whether white or colored) _____

2. Race or Color, (if not of the white race) February 17 1894
Tr. road

3. Date of Birth, 5/12 Paterson Road

4. Place of Birth, (Street and Number) Louisa Bessie Eney

5. Full Name of Mother, Louise Rosielle Munk

6. Mother's Maiden Name, Pauline

7. Mother's Birthplace, Washington Lower Egypt

8. Full Name of Father, Embery Stone

8. Full Name of _____
9. Father's Occupation _____

10. Father's Birthplace, Barre, Vermont
or other person who
this Return, Mary H. Hargreaves

10. *Father & Brother*
Name of Medical Attendant, or other person who makes this Return, *Dr. J. L. L. L. L.*

Name of Inmate, 2817 Lasswell
Address, Y. 1111

Address, Yuliss

Remarks, Yuliss

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 21

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks

[illegible]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second child, and between the second and third child, and so on, until the last child is born, and shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 540 90

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

Address,

Remarks,

1 8 9 4 0 0 0 9 1 0

GIVEN NAME ADDED - 2/23/13

RETURN OF A BIRTH. 54091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: KATHARINA WEBER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 18th of February 91
 4. Place of Birth, (Street and Number) 2136 Vine St
 5. Full Name of Mother, Gretchen Weber
 6. Mother's Maiden Name, Gretchen Meinschein
 7. Mother's Birthplace, Baltu
 8. Full Name of Father, Henry Weber
 9. Father's Occupation, Labor
 10. Father's Birthplace, Baltu

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Filed 1894

094000091

been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month in which the child is born, until the child is three months of age. In case the birth of a child shall occur without the attendance of a physician or midwife, or should no other person be present, the mother, immediately thereafter, it shall become her duty to report to the Registrar of Health, in the manner and within the time above required, and any such person or persons who fail to comply with the provisions of this act shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2/94

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 17/94

4. Place of Birth, (Street and Number) 1617 1/2 Mount

5. Full Name of Mother, Mrs. Carrie Howard

6. Mother's Maiden Name, Miss Carrie Smith

7. Mother's Birthplace, Richwood, Va

8. Full Name of Father, Robert L. Howard

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W. Jones M.D.

Address, 1501 Prattman

Remarks,

Health. This certificate shall contain a list of the children which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, full name and occupation of its parents, the date and place of its birth, and the age at which it shall be delivered; fully signed by one of the physicians of health. To cause the birth of my child I shall appear without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, I shall become lig with the period above recited, and child to report its birth to the Commissioner fall to comply with the provisions of this section, shall be assessed to the fine of ten (10) dollars for each offence, to be covered as after fines and forfeitures are recoverable.

RETURN OF A BIRTH.

54093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 4 0 0 0 0 9 1 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if born during the month of each and every month to the office or practitioner of midwifery, or should no other means of such child in reference to the Commission of Health, comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 17th

4. Place of Birth, (Street and Number) 2629 Francis St

5. Full Name of Mother, Mary Ellen Shuchan

6. Mother's Maiden Name, Mary Ellen McKeenan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Shuchan

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Frankston

Address, 2859 N. Station Avenue

Remarks, _____

8940000914

health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date of birth, the date of the third day of each and every occurrence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54095-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 17

4. Place of Birth, (Street and Number) 2501 Francis Street

5. Full Name of Mother, Kate Crook.

6. Mother's Maiden Name, Kate Dorsinger

7. Mother's Birthplace, Baltimore md

8. Full Name of Father, Thomas Crook.

9. Father's Occupation Livery business.

10. Father's Birthplace, Prince George co md.

Name of Medical Attendant, or other person who makes this Return, _____

Address, 231 Greenberland St

Remarks, _____

1894000915

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be liable to attend upon the mother immediately hereafter it shall become the duty of the person or persons of such child or children to cause the same to be entered in the schedule, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to be fined to the sum of ten (\$10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Feb. 17

4. Place of Birth, (Street and Number)

375 Myrtle St.

5. Full Name of Mother,

Gizzie Burke

6. Mother's Maiden Name,

Rabun

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Burke

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Washington

Name of Medical Attendant, or other person who makes this Return,

Wm. Knappe

Address,

1125 Holl St.

Remarks,

8940000916

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in attendance, to the Registrar of Health, on the third day of each and every month, or at such other time as may be directed by the Board of Health. In case the birth of any child is attended upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 17 feb 1894
4. Place of Birth, (Street and Number) 107 arch
5. Full Name of Mother, Mary May Hardy
6. Mother's Maiden Name, Mary Maycomb
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael J. Hardy
9. Father's Occupation, Basket maker
10. Father's Birthplace, Louisville, Ky
Name of Medical Attendant, or other person who makes this Return. Susan Hunter
Address, 23 W. Pappeletta
Remarks,

8940000917

month, and shall set forth as far as the same can be ascertained the full name of each child, of any child have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to make a true and correct statement of the birth of such child, and to file the same in the office of the Commissioner of Health. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED, 3-7-55
RETURN OF A BIRTH.

54099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jack Schein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *sixth (6)*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *February 18th/54*
4. Place of Birth, (Street and Number) *W 19 York-st*
5. Full Name of Mother, *Sarah Schein*
6. Mother's Maiden Name, *Sarah Oppenheim*
7. Mother's Birthplace, *Russia Europe*
8. Full Name of Father, *Abel Schein*
9. Father's Occupation, *Flat-maker*
10. Father's Birthplace, *Russia Europe*

Name of Medical Attendant, or other person who makes this Return, *W. Rubinstein*

Address, *N 105 W. Barre-st*

Remarks, _____

8940000919

Health. This schedule shall contain a list of the facts which have occurred during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of delivery, duly signed by the practitioner in the form of a certificate between the first and third day of the month in which the child was born, and the date and place of its birth, and the date and place of its death, if it shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such attendance to sign to the Registrar a certificate of the date and place of birth, and the date and place of its death, if it shall occur, and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this act shall be liable to be fined or imprisoned, or both, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1111

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Febr. 17/94

4. Place of Birth, (Street and Number)

216 S. Philetter str.

5. Full Name of Mother,

Mary Conray

6. Mother's Maiden Name,

" Flaherty

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Stephan Conray

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

Mrs. Kuylenhofes

Address,

2225 Gough st.

Remarks,

18940000920

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or persons of such attendance upon the mother, immediately to the office of Health. In the manner and within the period above required, and shall set forth the names of such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A.

RETURN OF A BIRTH. 54101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Twins

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 17 - 1894

4. Place of Birth, (Street and Number) 927 Hope St.

5. Full Name of Mother, Ellen Covill

6. Mother's Maiden Name, Donovan

7. Mother's Birthplace, Ireland

8. Full Name of Father, Martin Covill

9. Father's Occupation, Shoe-Maker

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, _____

1 8 9 4 0 0 0 9 2 1

RETURN OF A BIRTH. 54102
Statistics Board of Health, Baltimore City.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
 Male or female). *Female*

1. Sex. (state whether male or female)

2. Race or Color. (if not of the white race)

2. Race or Color, _____
3. Date of Birth, 17th of Dec
4. (Street and Number) 1219 Chinn

4. Place of Birth, (Street and Number) - 1217
Siatic Schreder

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. Mother's Birthplace,

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

~~8 9 4 0 0 0 0 9 2 2~~

RETURN OF A BIRTH.

RETURN OF A DEATH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, 20.....
..... 23 (number)

4. Place of Birth, (Street and Number) *Chau*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

~~8 9 4 0 0 0 0 9 2 3~~

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 February 1894

4. Place of Birth, (Street and Number) — Lumberman's Place 7 13

5. Full Name of Mother, Flora Gubinsloek

6. Mother's Maiden Name, Pauline Kaumann

7. Mother's Birthplace, *Röda Konigsreich Sachsen*

8. Full Name of Father, Cooper Hubert

9. Father's Occupation Butcher

10. Father's Birthplace, Cher. Doka an Bhangen

Name of Medical Attendant, or other person who makes this Return

Name of Medical Attendant, *Casper Huknstadt*, ¹ *713*
Address, *Casper Huknstadt, Cumberland State*

Remarks, 7° Ebbro clear & smooth

231 Mount Pleasant St

8 9 4 0 0 0 0 9 2 4

RETURN OF A BIRTH. 54106
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4* ~~Philip Peter John~~
 1. Sex, (state whether male or female) *2* ~~Bedchen~~
 2. Race or Color, (if not of the white race) *Vais*
 3. Date of Birth, *17 Feb 1898*
 4. Place of Birth, (Street and Number) *S. Bond St. 838*
 5. Full Name of Mother, *Viktorie Filkova*
 6. Mother's Maiden Name, *Rucharska*
 7. Mother's Birthplace, *Prague*
 8. Full Name of Father, *Filkovsky Frantisek*
 9. Father's Occupation, *arbajr*
 10. Father's Birthplace, *Prague*
 Name of Medical Attendant, or other person who makes this Return, *Marie Prest*
 Address, *S. Bond St. 838*
 Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 4 0 0 0 0 9 2 6

been so referred, in sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. In case the birth of any child shall occur within the time specified in the schedule, the practitioner of midwifery, or abortion, or other person, shall report its birth to the Commissioner of Health, in the manner and within the time specified in the schedule, and any such person or persons who shall be guilty of an offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Blk

3. Date of Birth, Feb. 17, 1894

4. Place of Birth, (Street and Number) Md. Lying In Hosp

5. Full Name of Mother, Mary B. Allen

6. Mother's Maiden Name, "

7. Mother's Birthplace, Virginia

8. Full Name of Father, Unknown

9. Father's Occupation, "

10. Father's Birthplace, Unknown

Name of Medical Attendant, Wilmer Bantou, M.D.
or other person who makes this Return.

Address, Md. Lying-in-Hospital

Remarks, _____

8 9 4 0 0 0 0 9 2 7

RETURN OF A BIRTH. 54/08

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

mother of seven

1. Sex, (state whether male or female)-

girl.

2. Race or Color, (if not of the white race).

Ballard

3. *Date of Birth,*

cy on Feb

4. *Place of Birth, (Street and Number)*

1933 Barrall St

5. *Full Name of Mother,*

Mary Butler

6. *Mother's Maiden Name,*

Mary E. Pearson

7. *Mother's Birthplace,*

Prince George County

8. *Full Name of Father,*

Vater Butler

9. *Father's Occupation,*

Labar mon

10. *Father's Birthplace,*

d. d. country. Md

Name of Medical Attendant, or other person who makes this Return.

Leavinia Mills

Address,

1428 Corral st.

Remarks,

she is very well only weak

894000928

RETURN OF A BIRTH. 54110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 17, 1894*

4. Place of Birth, (Street and Number) *844 Woodward St.*

5. Full Name of Mother, *Anne M. Hook*

6. Mother's Maiden Name, *Stroth*

7. Mother's Birthplace, *Washington D.C.*

8. Full Name of Father, *Charles Hook*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other person who makes this Return, *H. W. Kibbee, M.D.*

Address, *723 W. Lombard St.*

Remarks, *Natural Labor.*

18940000930

month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar on the third day of each and every month of January, April, July, and October, and the birth of any child attending upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Feb. 17. 1894*
4. Place of Birth, (Street and Number) *St. Vincent's Infants' Asylum,*
5. Full Name of Mother, *Amye O'Donnell*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Ir.*
8. Full Name of Father, *Not known*
9. Father's Occupation, *"*
10. Father's Birthplace, *"*
- Name of Medical Attendant, or other person who makes this Return, *A. C. Davis M.D.*
- Address, *601 Howard St.*
- Remarks, *"*

8940000931

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the date and place of birth, and the name and occupation of its parents, the date and place of birth of the mother, and the date and place of birth of the child. The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third child, and shall be retained by the practitioner until the birth of any child shall occur, without the attendance of a physician or practitioner of midwifery, or should no child be born, until the birth of the next child, and shall be immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the penalty of a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. RETURN OF A BIRTH. 54112
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 18 February
4. Place of Birth, (Street and Number) 1510 Spruce St.
5. Full Name of Mother, Anna Walker
6. Mother's Maiden Name, Nichol
7. Mother's Birthplace, Balt.
8. Full Name of Father, Adam Walker
9. Father's Occupation
10. Father's Birthplace, Balt.
Name of Medical Attendant, or other person who makes this Return, Anna Walker
Address, 928 N. Cal. St.
Remarks,

18940000932

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the names, sex, date and place of birth, the names of the parents, the date and place of delivery, and the date and place of registration. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Registrar of Health, in the manner and to the persons to be designated by the Registrar, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 2-4-59

A RETURN OF A BIRTH. 54113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *John Henry Pinkerton Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Feb 18. 1894.*

4. Place of Birth, (Street and Number) *144 Eldred St*

5. Full Name of Mother, *Louise Pinkerton*

6. Mother's Maiden Name, *Echeler*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Wm Pinkerton*

9. Father's Occupation, *Cotton sampler*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other Person who makes this Return. *E. B. Peterson M.D.*

Address, *1853 N. Broadway*

Remarks, *f*

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Births and Deaths, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or other person who immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be fined not less than ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A RETURN OF A BIRTH. 54116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d/194

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb. 18/94

4. Place of Birth, (Street and Number) 818. Park ally

5. Full Name of Mother, Mrs Elizabeth Holland

6. Mother's Maiden Name, " Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Holland

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. W. Harris M.D.

Address, 1501 Princeton

Remarks,

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the certificate shall be delivered, daily signed by the practitioner in the form of a certificate, and the birth of any child shall occur without the attendance of a physician, or the attendance of a midwife, or should no other person be in attendance, the birth of any child shall be reported to the Commissioner of Health, in the manner and within the time specified in this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. RETURN OF A BIRTH. 54117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 1st 1924
4. Place of Birth, (Street and Number) North St. No. 2
5. Full Name of Mother, Keri Wahl
6. Mother's Maiden Name, White
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wilhelm Wahl
9. Father's Occupation, Walt. Man
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, _____
- Address, Throline Delway East Ely St 424
- Remarks, _____

18940000937

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth, and the date of delivery, shall be delivered, duly signed by the practitioner in the case of a child born between the first and third day of each and every month to the office of the Registrar of Vital Statistics, in case the birth of any child shall occur without the attendance of a physician, or the attendance of a midwife, or should no other person be in attendance upon the mother at the time of her confinement, the practitioner or midwife or other person so required, and any such person or persons who shall hereafter in the future be found guilty of neglecting to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. RETURN OF A BIRTH. 54119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 18th 1894

4. Place of Birth, (Street and Number) 1706 Linden Ave.

5. Full Name of Mother, Ruth D. Wilt.

6. Mother's Maiden Name, Ruth March.

7. Mother's Birthplace, Baltimore City.

8. Full Name of Father, Charles D. Wilt.

9. Father's Occupation, Merchant.

10. Father's Birthplace, Georgia

Name of Medical Attendant, or other person who makes this Return, John D. Pennington M.D.

Address, 1716 Linden Ave.

Remarks,

8940000939

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of the child, the sex, the date, the hour, the place, the name of the mother, the name of the father, the name of the practitioner, the date and place of birth, and the date and place of death. The schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and last of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the physician, or other person he in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A.

RETURN OF A BIRTH. 54/21

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb. 18 / 8³⁰ 55 Morning

4. Place of Birth, (Street and Number) Leath Hall 1143

5. Full Name of Mother, Chary Alice Smith

6. Mother's Maiden Name, Tucker

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, James Alfred Smith

9. Father's Occupation, Laborer

10. Father's Birthplace, Essex County England

Name of Medical Attendant, or other person who makes this Return, Mrs. Maria Kamm

Address, from Her Sonning Dispensary 614 S. Charles Street

Remarks,

RETURN OF A BIRTH. 54123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. Place of Birth, (Street and Number) 1424 E. Mayville St.
St. Paul, Minn.

5. Full Name of Mother, Elizabeth G. Hand.

6. Mother's Maiden Name, Elizabeth G. Waley

7. Mother's Birthplace, Waltham Mass

S. Full Name of Father, Thomas A. Hall.

9. Father's Occupation, Fire Insurance Agent

10. Father's Birthplace, *Gal. Union, Mo.*

Name of Medical Attendant.

or other person who makes this Return.

Address,

Remarks,

~~1 6 9 4 0 0 0 0 9 4 3~~

RETURN OF A BIRTH. 54124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color. (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, his race, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month in the year, the physician or midwife, or should no other person be available, the person or persons who shall immediately thereafter report its birth to the Commissioner of Health, in the manner and within the time required, and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Feb 18th 1894.
4. Place of Birth, (Street and Number) No 713 Little Monument St.
5. Full Name of Mother, Maria Stevens.
6. Mother's Maiden Name, Stevens.
7. Mother's Birthplace, Virginia.
8. Full Name of Father, John Washington.
9. Father's Occupation, Waiter.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Fannie Myers.

Address, No 713 Little Monument St City

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth: and the day of each child's birth, and the day of its death, if it shall die within the third day of its birth: and shall certify to the office of the Commissioner of Health, or should another person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioners of Health, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 12

1. Sex, (state whether male or female) - Female

2. Race or Color, (if not of the white race) - White

3. Date of Birth, - Feb. 18, 1944

4. Place of Birth, (Street and Number) - 577 Ross St.

5. Full Name of Mother, - Elizabeth Boles

6. Mother's Maiden Name, - Elisabeth Hildebrand

7. Mother's Birthplace, - Germany

8. Full Name of Father, - Henry Boles

9. Father's Occupation, - Laborer

10. Father's Birthplace, - Germany

Name of Medical Attendant, or other person who makes this Return, - Mary B. Piegory

Address, - 1902 Eough St.

Remarks, -

18740000948

month, and shall be forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the date of the birth, the date and place of the birth, the name of the mother, and the name of the father, and the name of the practitioner in the form of a certificate between the birth of any child and the third day of each and every month to the office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, the mother or parents of such child to report to the Registrar of Health, immediately thereafter it shall become the duty of the mother or parents of such child to report to the Registrar of Health, in the manner and within the period above specified, the name of the child, the date of the birth, the date and place of the birth, the name of the mother, and the name of the father, and the name of the practitioner, and shall be subject and subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 18, 1894.
4. Place of Birth, (Street and Number) N. 811 Hare st.
5. Full Name of Mother, Frances Kamilkorn
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Gearmgie.
8. Full Name of Father, David Hannikorn
9. Father's Occupation, Taylor
10. Father's Birthplace, Gearmgie
- Name of Medical Attendant, or other person who makes this Return, Mary Kaptish
- Address, N 205 Washington st
- Remarks, _____

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of the person to whom the certificate between the first and said schedule shall be delivered, duly signed by the person to whom the certificate is issued, and the date of the birth of the child, and the day of the month and year of the birth of the child, and the name of the person or persons of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Registrar of Vital Statistics, and shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Kind

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

18 February

4. Place of Birth, (Street and Number)

727 S. Dallas St.

5. Full Name of Mother

Maria Gurnala

6. Mother's Maiden Name

Maria Moradas

7. Mother's Birthplace

Prague

8. Full Name of Father

Simon Gurnala

9. Father's Occupation

Carriage

10. Father's Birthplace

Prague

Name of Medical Attendant, or other person who makes this Return

Miss Pratt

Address

Remarks

S. Dallas St. 828

18940000950

RETURN OF A BIRTH. 54132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race). Col'd

3. Date of Birth, Feb. 18 / 1894

3. Date of Birth, Feb. 18, 1879
4. Place of Birth, (Street and Number) 2nd Lying In Hosp
212 E. Hill

5. Full Name of Mother, Ella Campbell

6. Mother's Maiden Name,.....

7. Mother's Birthplace, Virginia

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace*

Father's Birthplace, _____
Name of Medical Attendant, _____ or other person who makes this Return, Wilmer Brinton, M.D.
2nd Levin - in Hospital

Address, Ind. 24 mg - m. no further

Remarks,

the child, and his sex, color, the full name and occupation of his parents, the date and place of birth; and a certificate from the first and second parents that the child is the legitimate child of the first and second parents. The certificate shall be delivered, only signed by the proper commissioner of health, in case the birth of any child on the third day of each and every month to the physician or practitioner of medicine, or to the physician or parents of such child, and in case any illegitimate child shall become or be born within the period above required, and in case any illegitimate child should report to birth to the Commissioner of health, and in case any child to whom the provisions of this section shall apply, be such person or persons who shall be guilty of any offense, in the recovery of any fine and forfeitures are recoverable, many such to the fine of ten (10) dollars.

~~1894009952~~

and conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother shall be required to give the attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Amil.

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the ~~white~~ race)

Whis-

3. *Date of Birth,*

July 18. 94

4. *Place of Birth, (Street and Number)*

622 Lombard St

5. *Full Name of Mother,*

Mary Johnson

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant _____

or other person who
makes this Return.

Org Stone, MD

Address,

622 Lombard Street.

Remarks,

8 9 4 0 0 0 9 5 3

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name of the mother, the date and place of birth, and the name of the physician or practitioner in the form of a certificate, and shall deliver the same to the Registrar of Vital Statistics, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person or persons who shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and form hereinafter required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 18*

4. Place of Birth, (Street and Number) *622 W Lombard St.*

5. Full Name of Mother, *William Walter*

6. Mother's Maiden Name, *—*

7. Mother's Birthplace, *—*

8. Full Name of Father, *—*

9. Father's Occupation, *—*

10. Father's Birthplace, *—*

Name of Medical Attendant, (other person who makes this return) *Chas Larned M.D.*

Address, *622 W Lombard St.*

Remarks, *—*

18940000954

month, and shall set forth as far as the same can be ascertained the full name of each child, if any child, have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month and every month to the office of the Commissioner of Health, in case the birth of any child shall occur within the month, with the necessary attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 54135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 18th 1914
4. Place of Birth, (Street and Number) 1019 Jackson St
5. Full Name of Mother, _____
6. Mother's Maiden Name, Lillie Bole
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this Return, Amelia Johnson
- Address, 1024 Park Ave
- Remarks, _____

18940000955

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the race or color, the full name and occupation of its parents, the place of birth, and the date of birth, and shall occur without the attendance of a physician or a midwife, or shall occur within the first and third day of each and every month of the year, and shall be signed by the practitioner in the form of a certificate, and shall be filed in the office of the Commissioner of Health. In case the birth of a child shall occur within the first and third day of each and every month of the year, and shall be signed by the person or persons be in any such person or persons, immediately thereafter, it shall be the duty of the person or persons to file in the office of the Commissioner of Health, in the manner and within the time specified in the provisions of this act, a certificate, and any such person or persons who fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 54136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Feb 18 94

4. Place of Birth, (Street and Number)

1324 Rutter St

5. Full Name of Mother,

Alice Stubbs

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Not Known

9. Father's Occupation,

"

10. Father's Birthplace,

"

Name of Medical Attendant, or other person who makes this Return,

Albert B. Haden

Address,

1143 Park Ave

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks.

1 8 9 4 0 0 0 9 5 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of the mother, the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending, and of each representative of persons, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 54138
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 29

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 18/94

4. Place of Birth, (Street and Number) 3017 Walbrook Ave.

5. Full Name of Mother, Mrs Geo. G. McComas

6. Mother's Maiden Name, Lottie Morrison

7. Mother's Birthplace, Harford Co. Md.

8. Full Name of Father, Geo. G. McComas

9. Father's Occupation, Conductor

10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, B. A. Smith M.D.

Address, 2505 Vienna Ave.

Remarks, _____

54138

[illegible]

RETURN OF A BIRTH. 54139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d; 3d. &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)-*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*...

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 0 9 5 9

month, and shall set forth as far as the name can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, date of birth, the date and place of birth, and the occupation of its parents, and shall indicate between the first and third day of each and every month to the office of the Commissioner of Health, the date and place of birth of every child which shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the above requirements, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White race*
3. Date of Birth, *February 19th 1894*
4. Place of Birth, (Street and Number) *Balto. Md. 702 S. Green St.*
5. Full Name of Mother, *Annie J. Tump*
6. Mother's Maiden Name, *Annie Scott*
7. Mother's Birthplace, *Balto. Md.*
8. Full Name of Father, *Joseph J. Tump*
9. Father's Occupation, *Cooper*
10. Father's Birthplace, *Balto. Md.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Bange*
- Address, *711.6 1st St*
- Remarks, _____

month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last of each month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur within one month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-29-56
RETURN OF A BIRTH. 54141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Agnes Whelan Child
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 17, 1896
4. Place of Birth, (Street and Number) 125 E. Eager St.
5. Full Name of Mother, Mary Whelan
6. Mother's Maiden Name, McKenna
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Whelan
9. Father's Occupation, Iron molder
10. Father's Birthplace, Balto.
Name of Medical Attendant, or other person who makes this Return, J. D. C. C. C. C.
Address, Capt. Whelan
Remarks,

1 8 9 4 0 0 0 0 9 6 1

RETURN OF A BIRTH. 54142
ce of Registrar of Vital Statistics, Board of Health

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) —

2. Race or Color, (if not of the white race).—

3. Date of Birth, Feb 17 1874 Brookfield, Kansas

4. Place of Birth, (Street and Number) - 306 S. Register St.

5. Full Name of Mother, Regina S.
6. Mother's Maiden Name, Johnson

6. Mother's Maiden Name, Wetherill
7. Mother's Birthplace Pa.

6. Full Name of Father *William C. D.*

Full Name of Father, *William G. Hayes*
 9. Father's Occupation *Att. at Law*

4. Father's Birthplace, Stuckler
Beth

Name of Medical Attendant, or other person who makes this statement *James E. P.*

Address, 1903 Gough St. Mary E. Pengo

Remarks.

[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 54143
 Statistics Board of Health, Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child
 of female Female

1. Sex, (state whether male or female)....

1. Sex, (state whether male or female)
2. Color, (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, -

8940000963

RETURN OF A BIRTH. 54/46
ce of Registrar of Vital Statistics, Board of Health, Baltimore City.
Therine M. Chart

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
 ne: Catharine M. Chart

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether ~~male~~ or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *19 February 1902*
4. Place of Birth, (Street and Number) *1122 M. W. A. Street*
5. Full Name of Mother, *Joseph E. Hunt*
6. Mother's Maiden Name, *Josephine Kreis*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Angeline E. Hunt*
9. Father's Occupation, *Wagoner*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other person who makes this Return, *Miss Katie Storch*
Address, *See Leadenhall Street*
Remarks,

[illegible]

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) shall be color, the full name of its parents, the date of its birth, the place of birth, and the date of its registration. Every person who is required to attend to the birth of a child shall be subject to the penalty of a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 194

4. Place of Birth, (Street and Number) 1030 Arlington Ave

5. Full Name of Mother, Flora E. Morris

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Balto City

8. Full Name of Father, Silas L. Morris

9. Father's Occupation, Real Estate

10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Mrs S. Huel

Address, 647 N. Jay St

Remarks,

RETURN OF A BIRTH.

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
 _____ (state whether male or female) _____

1. Sex, (state whether male or female)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

3 Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace, —

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this return,

Address,

Remarks,

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any), shall have been respectively sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be filed by the practitioner in the form of a certificate between the first and third day of each and every month so as to be available for reference at all times. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the person so attending shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *February 19, 1894.*

4. Place of Birth, (Street and Number) *649 Lee street*

5. Full Name of Mother, *Mary Born*

6. Mother's Maiden Name, *Mark Miller*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Born*

9. Father's Occupation, *carpet - maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Maria S. Chalvitzky M.D.*

Address, *725 Mulberry street*

Remarks, _____

month, and shall set forth as far as may be ascertained the full name of each child, (if any shall have been born), the date of birth, the sex, color, the full name of its parents, the date of its birth, and the date of its registration, and shall be delivered, duly signed by the physician or practitioner of midwifery, to the office of the Commissioner of Health, in the form of a certificate, and shall be filed in the office of the Commissioner of Health. In case the birth of a child shall occur without the intervention of a physician or practitioner of midwifery, the parent or parents of such child shall be liable to the Commissioner of Health for the same, and shall be liable to the same penalties as if such person or persons had been guilty of the same. Any person or persons who shall fail to comply with the provisions of this section shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Feb. 19/94.

4. Place of Birth, (Street and Number) 1443 Fulton Ave.

5. Full Name of Mother, Ann B. Burns

6. Mother's Maiden Name, Shinn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William C. Burns

9. Father's Occupation, Milk Dairy

10. Father's Birthplace, Granston

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address, 1801 Madison Ave.

Remarks, _____

8940000971

month, and shall set forth as far as the same can be ascertained, the full name of each child, if one, shall have been conferred his sex, color, the full name and occupation of its parents, the date and place of birth, the day of each and the day of delivery, duly signed by the practitioner in the form of a certificate between the first and third day of each and the day of delivery, and the date of the birth of the child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the certificate shall be in the form of a certificate between the first and third day of each and the day of delivery, and the date of the birth of the child. In the manner and within the time of the period above required, and any such person or persons who shall be liable for the same shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

54153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Walter Ray Jenkins
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 3, 1914*
4. Place of Birth, (Street and Number) *1323 Hamover St*
5. Full Name of Mother, *Julia Jenkins*
6. Mother's Maiden Name, *Julia (Dix) Dixon*
7. Mother's Birthplace, *Calvert County*
8. Full Name of Father, *John Jenkins*
9. Father's Occupation, *Shoe & Iron Worker*
10. Father's Birthplace, *Calvert Co*
Name of Medical Attendant, or other person who makes this Return, *Dr. R. Caskey*
Address, *213 E. Heath St*
Remarks, *Strong Well*
1 5 9 4 0 0 0 9 7 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, the full name and occupation of its parent, the date and place of birth; and the said schedule shall be delivered, signed by the practitioner in the form of a certificate, to the Commissioner of Health, on or before the third day of each and every month in which a birth occurs, without the attendance of a physician or midwife, or should no other person or persons of such attendance be present, the mother, immediately thereafter, it shall become and within the time specified in and to comply with the provisions of this section, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 19th February 1894

4. Place of Birth, (Street and Number) 229 E. Gilman St

5. Full Name of Mother, Kate Griffith

6. Mother's Maiden Name, Salage

7. Mother's Birthplace, Wa.

8. Full Name of Father, R. E. Griffith

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, H. W. Webster, M.D.

Address, 403 Hanover St

Remarks, _____

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been born, its sex, color, the date and place of birth, and the name of the mother, and the name of the father, and the name of the physician or practitioner in the form of a certificate between the birth and the third day of each and attendance of a physician or practitioner on the day of the birth, and should no other persons be in attendance on the mother, immediately thereafter, in the manner and within the period above required, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 19, 1894.

4. Place of Birth, (Street and Number) N. 111 N Chapel st

5. Full Name of Mother, Annie Rappolt

6. Mother's Maiden Name, Gearmanie

7. Mother's Birthplace, Germany

8. Full Name of Father, David Rappolt

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Koptish

Address, N 205 N Washington st

Remarks, _____

1894000975

RETURN OF A BIRTH. 54158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. *Sex*, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. Date of Birth, February 26 1918

4. Place of Birth, (Street and Number) A. 218. Bunche allen

5. Full Name of Mother, Lophia Lane

6. *Mother's Maiden Name,*

7. Mother's Birthplace, Your name

8. Full Name of Father, William B. Blair

9. *Father's Occupation*

10. Father's Birthplace, He Germanic

Name of Medical Attendant, or other person who makes this Return, Alburn Redford

Address, 705 N. White St.

Remarks,

[illegible]

RETURN OF A BIRTH. 54159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female). *Female*
2. Race or Color, (if not of the white race). *White*
3. Date of Birth. *February 19th*
4. Place of Birth, (Street and Number). *1503 Edmonson Ave.*
5. Full Name of Mother, *Francis Gertrude Warlick*
6. Mother's Maiden Name, *" Roseck*
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *Frederick Warlick*
9. Father's Occupation, *Cigar-maker*
10. Father's Birthplace, *Bohemia*
Name of Medical Attendant, or other person who makes this Return, *Chas. W. Morgan,*
Address, *412 West St.*
Remarks, _____

1 8 9 4 0 0 0 6 9 7 9

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the parent or parents shall be subject to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 19 1894*

4. Place of Birth, (Street and Number) *2nd Lying in Hospital*

5. Full Name of Mother, *Rosa Stinger*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *Ind*

9. Father's Occupation, *Ind*

10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other person who makes this Return, *Wilmer Brinton, M.D.*

Address, *Ind Lying in Hospital*

Remarks, *Ind*

When a child is born, the attending physician, midwife, or other person who shall report its birth to the Commissioner of Health, in the manner and within the period above required, and who shall fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-24-59
RETURN OF A BIRTH. 54162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Chester Alan Peck
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *Third*
Sex, (state whether male or female) *Male*
Race or Color, (if not of the white race) _____
Date of Birth, *February 20 - 94*
Place of Birth, (Street and Number) *811 N. Central Ave*
Full Name of Mother, *Mary Olive Peck*
Mother's Maiden Name, *Toland*
Mother's Birthplace, *Pa.*
Full Name of Father, *Henry W. Peck*
Father's Occupation, *Clerk*
Father's Birthplace, *Pa.*
Name of Medical Attendant, or other person who makes this Return, *Mrs. Mary A. Williams*
Address, *1438 N. Bond St.*
Remarks, _____

Health Officer, Baltimore City, who shall contain a full and correct statement of the full name of each child, (if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, and the attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so, shall be liable to a fine of not less than ten dollars and not more than fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Febr. 19/04

4. Place of Birth, (Street and Number) 207 S. Cannon str.

5. Full Name of Mother, Mary Thieman

6. Mother's Maiden Name, " Pierce

7. Mother's Birthplace, Balto.

8. Full Name of Father, Nicolaus Thieman

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Seipenhofers

Address, 2255 Gough str

Remarks, _____

18940000983

This schedule shall contain a list of the births which have occurred in the city of Baltimore during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its mother, the date, place, and the name of the medical attendant, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the time required, and any such person or persons who shall fail to do so, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

one (First)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 20 1894

4. Place of Birth, (Street and Number)

746 N. Fulton St.

5. Full Name of Mother,

Mary A. Michael

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Lucius M. Michael

9. Father's Occupation,

Draytonman

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return

Joseph L. Winder

Address,

1095 W. Bayette St

Remarks,

L. A. L. & Co.

month, and shall set forth as far as the same can be ascertained, the full name of each child, the date and place of its birth, the name of the practitioner in attendance upon it, the name of the mother, the name of the father, the name of the child, the name of the person or persons who shall be liable to pay the fee of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. (54165)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 20 February

4. Place of Birth, (Street and Number) 1018 St Dallas H

5. Full Name of Mother, Mary Hubbard

6. Mother's Maiden Name, " Blanche

7. Mother's Birthplace, Balto

8. Full Name of Father, Harry Hubbard

9. Father's Occupation, Grocer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Mrs. R. M. M. 1302 E Lexington H

month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, shall be
been conferred, its sex, color, the full name and occupation of the person to whom the same has been conferred, and the
said schedule shall be delivered, duly signed by the person to whom the same has been conferred, to the office of the
Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, of the person or persons of such
attendance upon the mother, immediately thereafter the person or persons so attending shall be required, and
child to report its birth to the office of the Registrar of Vital Statistics, in the manner and within the period above required, and
who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *20 Feb*
4. Place of Birth, (Street and Number) *1277 William St*
5. Full Name of Mother, *Erie M Ruch*
6. Mother's Maiden Name, *Erie M Ruchel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Nickel Ruch*
9. Father's Occupation, *Pastor*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other person who makes this Return, *Mrs. E. L. Ruchel*
Address, *1825 Light St*
Remarks, *Henry Hill*

18940000986

and as an attending physician or nurse shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 22, 1894

4. Place of Birth, (Street and Number) 1740 N. Bond Street

5. Full Name of Mother, Margaret Schweitzer

6. Mother's Maiden Name, Margaret Cenoway

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frederick F. Schweitzer

9. Father's Occupation, Stone Keeper

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, J. F. Warkner

Address, 1701 N. Caroline St

Remarks, This Foster nurse

18944000987

To the Office of Registrar of Vital-Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. Place of Birth, (Street and Number) 2041 Orleans St.
Chicago, Ill.

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1-2 1-2 1-2 1-2

[illegible]

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54170

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 20 1894

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Annis Hewlett

6. Mother's Maiden Name, Ann Lister

7. Mother's Birthplace, Balto Co

8. Full Name of Father, Gardiner Frederick Hewlett

9. Father's Occupation, Gardener

10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return E. B. Darling Laurin

Address,

Remarks,

189400000000

and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered, duly to the office of the Commissioner of Health, on or before the third day of each month, and the attendance of a physician or practitioner of health, shall be required upon the mother, immediately thereafter, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 1. Sex, (state whether male or female) Girl
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, February 20, 1895
 4. Place of Birth, (Street and Number) N. 722 N. Duncan St
 5. Full Name of Mother, Mary Hayek
 6. Mother's Maiden Name, Bohemanie
 7. Mother's Birthplace, Prague Hayek
 8. Full Name of Father, Taylor
 9. Father's Occupation, Bohemanie
 10. Father's Birthplace, Mary Koptish
 Name of Medical Attendant, or other person who makes this Return, N. 205 Washington St
 Address, Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, of sex, color, the date and place of birth, the date and place of delivery, the name of the practitioner in the form of a certificate between the first and third day of the month in which the birth occurred, and the name of the physician or practitioner of midwifery, or should no attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, Feb 20 1894

4. Place of Birth, (Street and Number) 1009 Madison St

5. Full Name of Mother, Eva Millar

6. Mother's Maiden Name, Epstick

7. Mother's Birthplace, Russia

8. Full Name of Father, Abraham Millar

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this return, J. Raymond Andre M.D.

Address, 1128 E. Baiter St

Remarks,

18940000993

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred its sex, color, the full name and occupation of the mother, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the Registrar of Vital Statistics, in the form of a certificate between the first and third day of each month, or at such other intervals as may be directed by the Board of Health. In case the mother or other person be liable to the penalty provided for in the Act, the Registrar of Vital Statistics shall be notified by the physician or practitioner of medicine, or other person, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this Act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54175-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.
1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 20, February
4. Place of Birth, (Street and Number) 1224 Canton Street
5. Full Name of Mother, Marie Godek
6. Mother's Maiden Name, Wivarsch
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Godek
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Adolf J. Lierseemann
- Address, 1225 Mac street
- Remarks, _____

8940000995

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

born, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the mother, the date of its birth, and the date when it shall be delivered, duly signed by the practitioner in the form of a certificate, which shall be filed with the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or about no other person be in attendance upon the mother, the undersigned certificate shall be filed with the office of the Commissioner of Health, in the manner and to the effect herein required, and in case any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *this is the 1st*

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 20 of February

4. Place of Birth, (Street and Number) 319 S Dallas St

5. Full Name of Mother, *Kennieretta Robinson*

6. Mother's Maiden Name, *not married*

7. Mother's Birthplace, City of Baltimore, Md

8. Full Name of Father, *Mr. Father*

9. *Father's Occupation,* _____

10. *Father's Birthplace,* _____

Name of Medical Attendant, or other person who makes this Return, Hester Henderson

Address, 1644 Lexington east

Remarks, *7*

month, and shall set forth as far as possible the same as he ascertained the full name of each child, if any, shall be conferred the sex, color, the full name of its parents, the date and place of birth, upon the third day after the child's birth, and shall be delivered, daily signed by the practitioner of health, to the child's mother, immediately thereafter, or should no other person be available upon the mother, immediately thereafter, in the manner and within the time required by the Commissioner of Health, in the manner and within the time required and in compliance with the provisions of this section, and shall be paid for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 20, 1894

4. Place of Birth, (Street and Number) L. Visconti Infant Asylum

5. Full Name of Mother, Barbara Marie

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father, Not known

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, R. L. Raine M.D.

Address, 601 Cass St.

Remarks,

8 9 4 0 0 0 0 9 9 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred its sex, color, the full name of its parents, the date and place of its birth, and the name of the physician or practitioner of midwifery, or other person who attended its birth, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be recoverable.

RETURN OF A BIRTH. 54179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 20 -*

4. Place of Birth, (Street and Number) *622 W Lombard St.*

5. Full Name of Mother, *Fanny Boston*

6. Mother's Maiden Name, *-*

7. Mother's Birthplace, *-*

8. Full Name of Father, *-*

9. Father's Occupation, *-*

10. Father's Birthplace, *-*

Name of Medical Attendant, or other person who attended this Birth, *Chas Larned M.D.*

Address, *622 W Lombard St.*

Remarks, *-*

18940000999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).... 3d.

- Wm. J. C. Dufany Co., City Printers and Stationers

10720-0-1000

RETURN OF A BIRTH. 54182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) 7-1-27894

3. Date of Birth, Feb. 21, 1894
#1005 - Panama, Cor

4. Place of Birth, (Street and Number) *+1005 Vienna*

5. Full Name of Mother, *Lily Shee Hwa*

6. Mother's Maiden Name, Lily Brown

7. Mother's Birthplace, Abilene, Texas

8. Full Name of Father, Yes. P. Sherman
Ch. 1000

9. Father's Occupation, Laborer

10. Father's Birthplace, Illinois James G. Keeler Man

Name of Medical Attendant, or other person who makes this Return, *James H. [Signature]*

Address, #1329 N. Wilmer

Remarks,

8 9 4 0 0 0 1 0 0 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, and if they fail to do so, they shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Seven
Female
Colored

Feb. 24, 1894.

1103 Russell St.

Adell Fowler

Adell Hall

Baltimore City

Amos Fowler

Laborer

Baltimore City

Atilla Buckner

1132 Thacker St.

Living well

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ascertain
certificates
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or persons
for each
be
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ascertain
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for each

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH. 54185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, Feb. 21 - 1894
 4. Place of Birth, (Street and Number) 314 E. Eden St.
 5. Full Name of Mother, Mary Kaiss
 6. Mother's Maiden Name, Mahler
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John Ernest Kaiss
 9. Father's Occupation, Black-Smith
 10. Father's Birthplace, New Orleans La
 Name of Medical Attendant, or other person who makes this Return, Mary Stein
 Address, 1427 E. Pratt St.
 Remarks, _____

18940001005

Birth, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its mother, the date and place of birth; and the said schedule shall be delivered, duly filled out, to the Office of the Commissioner of Health. In case no other person be in the family of the mother, immediately after the birth of the child, in the manner and within the period above required, and shall be subject to the penalty of ten dollars for each offence, to be recovered as other laws and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother, immediately after the birth of such child to report in a true and correct manner, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb 21 1894

4. Place of Birth, (Street and Number) 780 Sarah Ann St

5. Full Name of Mother, Sarah Miles

6. Mother's Maiden Name, Sarah Smith

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John H. D. Miles

9. Father's Occupation, Iron Factory

10. Father's Birthplace, St Mary Co

Name of Medical Attendant, or other person who makes this Return, Louisa Lane

Address, 642 Jasper St

Remarks, _____

8940001006

RETURN OF A BIRTH. 54187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 21st
4. Place of Birth, (Street and Number) 1338 Apple St
5. Full Name of Mother, Lucie Hecus
6. Mother's Maiden Name, " Simpson
7. Mother's Birthplace, Balto City
8. Full Name of Father, Sutton Hecus
9. Father's Occupation, Salesman
10. Father's Birthplace, Calvert Co Md
Name of Medical Attendant, or other person who makes this Return, John S. Huck
Address, 647 W Lafayette Ave
Remarks,

[illegible]

Over

AD
RETURN OF A BIRTH. 54188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, (M. D. Y.) 9-19-1894
4. Place of Birth, (Street and Number) 216 N. High St.
5. Full Name of Mother, (Mrs. Addie B. Sorrell)
6. Mother's Maiden Name, (Addie B. Sorrell)
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Louis Sorrell
9. Father's Occupation, Brass Finisher
10. Father's Birthplace, Cambridge, Mass.
Name of Medical Attendant, or other person who makes this Return, Mrs. J. J. J. J. J.
Address, 216 N. High St.
Remarks, Full name of child - Arthur Louiss Sorrell

18940001008

RETURN OF A BIRTH. 54189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. Place of Birth. (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 1 0 0 9

RETURN OF A BIRTH. 54191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race).

3. Date of Birth, 21 of February 1899 Fayette

4. Place of Birth, (Street and Number) 2109 V. Street

5. Full Name of Mother, Late Mrs. J. W. Jones

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,.....*

8. Full Name of Father, —

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Name of Medical Attendant, *_____* makes this Return, *_____*
Address, *1907 E Myrtle St.*

Remarks,

8940001011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex: (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

8 9 4 0 0 0 1 0 1 3

RETURN OF A BIRTH. 541 95-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race).

3. Date of Birth, Feb 21 1894

4. Place of Birth, (Street and Number)- Baltimore 1379 Baltimore St

5. Full Name of Mother, Lola May Harrison

6. Mother's Maiden Name, Sola and Berg

7. Mother's Birthplace, Florida

8. Full Name of Father, William Sherman Pearson

9. Father's Occupation Conductor B&O Railroad Co

10. Father's Birthplace, Remond Co

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

Remarks, *doors along S. end of*
731 Euclid St
8940001015

8920001015

[illegible]

month and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been born and conferred) its sex, color, the full name and location of the mother, the date and place of birth, and the date and place of delivery, and the name of the physician or practitioner in the form of a certificate, to be signed by the said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health, within ten days of the birth of any child, and the person who shall be the father of the child, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the time specified in this section shall be subject to report its birth to the office of the Commissioner of Health, in the manner and within the time specified in this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white.*

3. Date of Birth, *Feb 21 "*

4. Place of Birth, (Street and Number) *622 W Lombard St.*

5. Full Name of Mother, *Belle Douglas.*

6. Mother's Maiden Name, *-*

7. Mother's Birthplace, *-*

8. Full Name of Father, *-*

9. Father's Occupation, *-*

10. Father's Birthplace, *-*

Name of Medical Attendant, (or other person who takes birth record) *Dr. Larned, MD*

Address, *622 W Lombard St.*

Remarks, *-*

8940001016

[illegible]

RETURN OF A BIRTH. 54198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, 4th)

1. *Sex*, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 1 0 1 8

month, and shall set forth as far as the same can be ascertained the full name of each child, of any child, who has been conceived, and shall be delivered, duly signed by the practitioner in attendance, and the date of birth, and the day of each and every month to the office of the Registrar of Vital Statistics, or should no other persons of such attendance upon the birth to the Commissioner of Health, in any manner, and shall be subject to the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,...

6. Mother's Maiden Name,...

7. Mother's Birthplace,...

8. Full Name of Father,...

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant, or other person who attended the birth.

Address,...

Remarks,...

8940001019

54205-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb- 22nd 1894.

4 Place of Birth. (Street and Number) 1206 N. Spring st.

4. Place of Birth, (Street and Number) 121 1/2 1st St. N. W.

5. Full Name of Mother Susan Cooper

5. Full Name of Mother, Susan Cooper
6. Mother's Maiden Name " Lanman

6. Mother's Maiden Name, Sanborn

7. Mother's Birthplace Baltimore

7. Mother's Birthplace Dallas, Tex.

8. Full Name of Father, John H. Wooper
Printer

9. Father's Occupation, Carpenter
Belt Pit

10. Father's Birthplace, Walto City

Name of Medical Attendant, or other person who makes this Return, *E. B. Penby, M. D.*

Address, 1219 N. Caroline st

Remarks, Premature birth at 7 months pregnant

8 4 0 0 0 1 0 2 5

[illegible]

RETURN OF A BIRTH. **GIVEN NAME ADDED 3-31-57** 34206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John C. Kammring

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
male

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race).

H. Miller

3. *Date of Birth.*

Feb 2nd 96.

4. *Place of Birth, (Street and Number)*

1708 Wythe St.

5. Full Name of Mother,

Maryann A. Kamming

6. *Mother's Maiden Name,*

Bushop

7. *Mother's Birthplace,*

12410

8. *Full Name of Father,*

John M. Kamm

9. *Father's Occupation,*

12 miles

10. *Father's Birthplace,*

20. 11. 1911

Name of Medical Attendant, or other person who makes this Return,

who *W. H. Seligman & M. A.*
att. *W. H. Seligman & M. A.*

Address,

1501 E. 1st St

Remarks,

8 9 4 0 0 0 1 0 2 6

54207
(over)

(over)

Miller
302K

C.) ☒ Male

while race)
H.C. 22. 94

1717 Eastern Ave

et and Number) 1717 *Dr. J. C. Miller*
r, Mrs. Louisa Maria *Miller*

Wife
Baet. Abd.

Bact. Vol.
Fredk. Miller

Wholesale Dealer
New York

Beck N. d.
G. G. Beck N. d.

2000 G. Baltimore

Natural de Puerto Rico

0001027

~~8940001027~~

Wm J C. Dufany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set out, in full, the name and occupation of its parents, the date and place of birth, the sex, race or color, the full name and occupation of the practitioner, and the date of birth, and the date of registration. In case the birth of any child shall occur without a physician or practitioner of midwifery, or should no other person be present at the birth, the mother, immediately thereafter, shall become the duly authorized person to report the birth to the Commissioner of Health, and shall comply with the provisions of this section. Any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 22/94
4. Place of Birth, (Street and Number) 1430 Riggs Ave.
5. Full Name of Mother, Anna Friedrichs
6. Mother's Maiden Name, Wiegman
7. Mother's Birthplace, Balt.
8. Full Name of Father, Fredrick E. Friedrich
9. Father's Occupation, Salaman in Grocery Store
10. Father's Birthplace, Balt.
Name of Medical Attendant, or other person who makes this Return, H. Christian
Address, _____
Remarks, _____

894000-028

RETURN OF A BIRTH. 54209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 22nd, 1894

4. Place of Birth, (Street and Number) 36 Belair Ave.

5. Full Name of Mother, Mary Dollinger

6. Mother's Maiden Name, Bertzel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Dollinger

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, William Schmidt
or other person who makes this Return.

Address, #. 1720 N. Hollingtree Ave.

Remarks, at home

8 9 4 0 0 0 1 0 2 9

RETURN OF A BIRTH

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Esther Edmonia Woodall

No. of Child of Mother, (state whether ~~1st~~ 2d, 3d, &c.)

Male or female Female

- No. of Child of Mother, (state whether male or female) Female
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 22 94
4. Place of Birth, (Street and Number) 1111 Carrollton Ave
5. Full Name of Mother, L. D. H. Woodall
6. Mother's Maiden Name, Powers
7. Mother's Birthplace, England
8. Full Name of Father, Jas. H. Woodall
9. Father's Occupation, Ship Carpenter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return. S. A. Keene M.D.
- Address, 1820 Bond Hill Ave
- Remarks,

1 8 9 4 0 0 0 1 0 3 0

RETURN OF A BIRTH. 3477
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, until set forth as far as the same can be ascertained the full name of each child, if any shall have been born during the said month, and the names and occupation of its parents, the date and place where the first birth was conferred, duly signed by the practitioner of midwifery. In case the birth of any child on the third day of each and every month of a physician or practitioner of midwifery, or of any other person, shall occur upon the mother immediately thereafter, he, she, or he or she, or one of them, shall be bound to report its birth to the No. 30A bill heretofore filed to comply with the provisions and forfeitures are recoverable thereon, and to the sum of ten (10) dollars each offense, to be collected by other fines and forfeitures are recoverable thereon.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 22/94*
4. Place of Birth, (Street and Number) *2709 Penna. Ave.*
5. Full Name of Mother, *Mrs. Henry J. Beck*
6. Mother's Maiden Name, *Suzel Weaver*
7. Mother's Birthplace, *Pittsburgh*
8. Full Name of Father, *Henry J. Beck*
9. Father's Occupation, *Buttery dealer*
10. Father's Birthplace, *Balto. Md.*
- Name of Medical Attendant, or other person who makes this Return, *G. Smith M.D.*
- Address, *2505 Penna Ave.*
- Remarks, _____

~~8940001031~~

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its mother, the date of its birth, the date when said schedule shall be delivered, duly signed by the midwife, or the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the midwife, physician or practitioner of midwifery, to report its birth to the Commissioner of Health, within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

May 22, 1894

4. Place of Birth, (Street and Number)

141 E. Eager St

5. Full Name of Mother,

Mrs. E. Eager

6. Mother's Maiden Name,

Walrus

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Thomas Eager

9. Father's Occupation,

Household

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

J. C. Bouché

Address,

Eager & Walrus

Remarks,

8940001032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940001033

RETURN OF A BIRTH. 54216

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 5th

2. Race or Color, (if not of the white race).
Sep 22, 190

2. Race or Color, (if not of the white race) Feb. 22. (10th Morning)
3. Date of Birth. 1556. Night

4. Place of Birth, (Street and Number) 15-56 N. Indiana St. Chicago
Mariacelle Stark

4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, _____

5. Full Name of Mother, *Lehman*
6. Mother's Maiden Name, *Lehman*

6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Grimshaven by Feuchdwangen - Germany
John George Stark

7. Mother's Birthplace, Germany
8. Full Name of Father, Johann, Georg Hark
Buchheit

8. Full Name of Father, Butcher
9. Father's Occupation Butcher

9. Father's Occupation *Butcher*
10. Father's Birthplace *Hellberg near Rottenburg o. Tauber - Germany*
or other person who *Mrs. M. K. Jones, from the*

Name of Medical Attendant, or other person who makes this Return.

Name of Medical Attendant, Dr. M. Adams or other person who makes this Return,
Address, Lowmy Dispensary, 614 S. Washington

| <i>Address.</i> | <i>Remarks.</i> |
|-----------------|-----------------|
| | |

~~894020-1036~~

RETURN OF A BIRTH. 54217 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 22 Feb

4. Place of Birth, (Street and Number) 1160 Low St

5. Full Name of Mother, Jella Warshofsky

6. Mother's Maiden Name, "

7. Mother's Birthplace, Russia

8. Full Name of Father, Elias Warshofsky

9. Father's Occupation, Sailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R. Ullis

Address, 1802 Edinboro. St

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1

- GIVEN NAME ADDED. 7-14-53

1 8 9 4 0 0 0 1 0 3 9

RETURN OF A BIRTH 54221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (~~State whether male or female~~).

2. Race or color, (if not of the white race). White

3. Date of Birth, Feb. 23rd 1894

4. Place of Birth, (Street and Number) 1390 Stockton Street

5. Full Name of Mother, Pauline Hermann

6. Mother's Maiden Name, Pauline Berge

7. Mother's Birthplace, Germany

8. Full Name of Father, ... Fred Hermann

9. Father's Occupation, Motorman

10. *Father's Birthplace,* *Germany*

Name of Medical Attendant, or other person who makes this Return. J. Williams Lord

Address, 023 N. Washington

Remarks, _____

section 1. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the date of each child's baptism, if baptized, and the name of the minister performing the same. It shall be the duty of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the physician or practitioner of midwifery, or the person who attended the birth of the child, or the child's mother, shall be immediately notified to become the deponent or person so called, and to appear before the Commissioner of Health, in the following order of priority, to wit: the physician or practitioner of midwifery, the mother, the father, the child, and the person who attended the birth of the child. In the absence of any of the persons so called, any such persons or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the case of every child, on or before the third day of each and every month, to the Commissioner of Health, or to a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and to the persons named in this section, and any such person or persons who shall fail to do so, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) 23 Hebrew
 3. Date of Birth, 1235 Mare st.
 4. Place of Birth, (Street and Number) Juliana Grabofski
 5. Full Name of Mother, Stephane
 6. Mother's Maiden Name, German.
 7. Mother's Birthplace, Poland
 8. Full Name of Father, Grabofski
 9. Father's Occupation, Lebber
 10. Father's Birthplace, Germany.
 Name of Medical Attendant, or other person who makes this Return, Mrs. P. Lieberman.
 Address, 1225 Mare street
 Remarks, _____

18940001042

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its delivery, and shall be delivered daily to the Registrar of Health, in the manner and within the period above required, and shall be subject to the inspection of the Registrar of Health, and to the penalty of a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 23, 1894.

4. Place of Birth, (Street and Number) N 521 Collington Ave.

5. Full Name of Mother, Mary Leibum.

6. Mother's Maiden Name, Germania

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Leibum.

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopstich

Address, 705 N Washington St.

Remarks, _____

18940001043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- 8 9 4 0 0 0 1 0 4 4

RETURN OF A BIRTH. 54226
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race) *Female*

3. Date of Birth, 23rd Feb

4. Place of Birth, (Street and Number) - 1029 E 4th St

5. Full Name of Mother, Carmie E. Rine

6. Mother's Maiden Name, Ellen C. Rice

7. Mother's Birthplace, Bethesda Md

8. Full Name of Father, John H. [unclear]

1. Father's Occupation *Farmer*

Father's Birthplace, Balto Bay

Name of Medical Attendant, or other person who makes this Report John P. Smith

Address, 436 E. Hart St. Elizabeth, Penna.

Remarks, *Heart and Jewell*
Galts Pond

RETURN OF A BIRTH. 54227 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Friday Feb. 23rd 1894
4. Place of Birth, (Street and Number) #1825 Harford Ave
5. Full Name of Mother, Isabelle C. Potter
6. Mother's Maiden Name, " " Jenkins
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George W. Potter
9. Father's Occupation, Brakeman
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this return, Mrs W. Foster
- Address, 1600 East Lanvale st
- Remarks,

This schedule shall contain a list of the births which have occurred during the year, to be furnished by the Commissioner of Health, and shall set forth the name, sex, color, the full name and occupation of the mother, the date and place of birth, and the date of registration. It shall also contain a list of the persons who shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the full name and occupation of its parents, the date and place of birth; and the date and place of death, if any shall have died, and the date and place of burial, if any shall have been buried, and the date and place of the first day of each and every month to the office of the Commissioner of Health. In case the birth or death shall occur without the attendance of a physician or practitioner of midwifery, or should another person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such attendance to cause the birth or death to be duly recorded, and to comply with the provisions of this act, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 574528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.
1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 23 February.
4. Place of Birth, (Street and Number) N 1730. Gough Street.
5. Full Name of Mother, Margareth Zeller.
6. Mother's Maiden Name, Margareth Schramm.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Zeller.
9. Father's Occupation, Shoefitter.
10. Father's Birthplace, Baltimore.
- Name of Medical Attendant, or other person who makes this Return, Merri Klass.
- Address, N 1906. Fairmount - A v. e.
- Remarks,

8940001048

54230

RETURN OF A BIRTH. 54030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 23rd 94*

4. Place of Birth, (Street and Number) *2001 1/2 Monument St*

5. Full Name of Mother, *Catherine Nagengast*

6. Mother's Maiden Name, *Trubitz*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Nagengast*

9. Father's Occupation, *Picture frame maker*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *S. H. Seldner M.D.*

Address, *154 E. Bay St*

Remarks,

8940001050

John Murphy & Co., City Printers and Stationers.

8 9 4 0 0 0 1 0 5 1

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

- E. L. Peterson

106-9 M. B. Bradman

RETURN OF A BIRTH. 54233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 23rd

4. Place of Birth, (Street and Number) 762 Mc Henry St

5. Full Name of Mother, Sarah C Herman

8. Mother's Maiden Name, Sarah Caton

7. Mother's Birthplace, Balto Ind.

8. Full Name of Father, John J. Kernan

9. Father's Occupation.....*Lab. orer*

10. Father's Birthplace, Balto Ind.

Name of Medical Attendant, or other person who makes this Return, Mrs Benge

Address, 711 W. Grand

Remarks, _____

8 9 4 0 0 0 1 0 5 3

RETURN OF A BIRTH. 54234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

White

3. *Date of Birth.*

February 23, 1894

4. *Place of Birth, (Street and Number)*

301 29 $\frac{11}{4}$ - 85

5. Full Name of Mother.

30129
Auntie Mylinda Scott.

6. *Mother's Maiden Name,*

Gray

7. *Mother's Birthplace.*—

Mr. T.

8. *Full Name of Father*

Mr. George Goodrich sent.
Laborn -

9. *Father's Occupation.*

[Handwritten signature]

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return, John H. Brown

Address,

nl. or other person who makes this Return, *290 Cheatnut Ave.*

Remarks,

8 9 4 0 0 0 1 0 5 5

[illegible]

RETURN OF A BIRTH. 54236

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race) - Colored

3. Date of Birth, February 29, 1894

4. Place of Birth, (Street and Number) - Hamburg, N.Y. 11742

5. Full Name of Mother, Margaret McHugh

6. Mother's Maiden Name, Margaret Munger

7. Mother's Birthplace, *Chippewack Creek*

8. Full Name of Father, William Ketter

9. Father's Occupation slaburn

10. Father's Birthplace, Cambridge

Name of Medical Attendant, 11/18/46 or other person who makes this Return, egorah June W. J.

Address, No 124, West Thurgate

Remarks, full 9 months

[illegible]

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54237

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mary Rita O'Connor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

GIVEN NAME ADDED

4-27-54

Lm.

8940001057

month, and shall set forth as to each child, the date, place, and hour of birth, the sex, color, the full name of the child, the name of the mother, the name of the father, the name of the physician or midwife, or other person attending the birth, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 20th
4. Place of Birth, (Street and Number) 1812 W. Balt. St.
5. Full Name of Mother, Lucile Hitchcock
6. Mother's Maiden Name, Richards.
7. Mother's Birthplace, W. Virgin.
8. Full Name of Father, Samuel C. Hitchcock.
9. Father's Occupation, Pattern Maker
10. Father's Birthplace, Balt. Co.
- Name of Medical Attendant, or other person who makes this Return, Herman F. Hill
- Address, 1401 W. Fayette.
- Remarks,

18940001058

54239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Male

Colored

Feb 23rd

224 Durham St. Baltimore

Caroline Montgomery

Caroline Holby

Florida N. Y. S.

William Mon Agner

Ship. Broken

Baltimore

Elizabeth Mondroney

[Faint handwritten notes at the bottom of the page]

Remarks,

Remarks,

8 9 4 0 0 0 1 0 5 9

RETURN OF A BIRTH. 574241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race).

3. Date of Birth, Feb. 23. (10th Morning)

4. Place of Birth, (Street and Number) 1014 Wilcox Street.

5. Full Name of Mother. Mary Catherine Flynn.

6. Mother's Maiden Name, *Phish*

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Mathew Flynn

9. Father's Occupation... Lawyer

9. Father's Occupation, *Farmer*
10. Father's Birthplace, *Wickham - Ireland*

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Fausch from the

Name of Medical Attendant, makes this Return,
Address, Evening Dispensary 614 S. Harbor Street

Remarks,

8940001061

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered by the practitioner in the form of a certificate to the clerk of the court on the first day of January following the birth of such child; and upon the compliance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars in each offence, to be covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)-

3. Date of Birth, Feb the 23 1894

4. Place of Birth, (Street and Number) 126 W. Schrader St.

5. Full Name of Mother, Alice Wyeth Hall

6. Mother's Maiden Name, *Hayes*

7. *Mother's Birthplace*,.....

8. Full Name of Father, J. Thomas McQuinn

9. Father's Occupation.....*Miner*

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return,

Address, 1004 W. Lexington St.

Remarks,

8 9 4 0 0 0 1 0 6 2

RETURN OF A BIRTH ⁵⁴²⁴³

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb. 23rd/94*

4. Place of Birth, (Street and Number) *1940 Harlem*

5. Full Name of Mother, *Mrs Laura Gibson*

6. Mother's Maiden Name, *Burnes*

7. Mother's Birthplace, *City*

8. Full Name of Father, *D. S. Gibson*

9. Father's Occupation, *Stone business*

10. Father's Birthplace, *Md.*

Name of Medical Attendant, *H. F. Hill M.D.*
or other Person who makes this Return

Address, *1001 Edmondson*

Remarks,

894000104

CORRECTION

The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 22
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH 54243

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 23rd/94

4. Place of Birth, (Street and Number) 1940 Harlingen

5. Full Name of Mother, Mrs Laura Gibson

6. Mother's Maiden Name, Burnes

7. Mother's Birthplace, City

8. Full Name of Father, S. S. Gibson

9. Father's Occupation, Store business

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return H. F. Hill M.D.

Address, 1001 Edmondson

Remarks, 18940001063

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|-----|-------|
| No. | of |
| 1. | Ser. |
| 2. | Rac. |
| 3. | Dan. |
| 4. | Pla. |
| 5. | Ful. |
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| 10. | Fath. |
| | Name |
| | Add. |
| | Rem. |

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8 9 4 0 0 0 1 0 6 4

month, and shall set forth as far as the same can be ascertained, the name of the mother, the date and place of birth, and the sex, color, and condition of the child, and the name of the practitioner in the form of a certificate, in case the birth of any child shall occur of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the birth, to the Commissioner of Health, in the manner and form provided by law, and shall be subject to the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Duffy Co., City Printers and Stationers.

RETURN OF A BIRTH. 54245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
Sex, (state whether male or female) Female
Race or Color, (if not of the white race) Black
Date of Birth, Jan. 23, 94
Place of Birth, (Street and Number) 115 W. Lombard St.
Full Name of Mother, Annie Black
Mother's Maiden Name, Wa
Mother's Birthplace, —
Full Name of Father, —
Father's Occupation, —
Father's Birthplace, —
Name of Medical Attendant, or other person who makes this Return, C. S. Neer
Address, 115 W. Lombard St.
Remarks, —

8940001065

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Sept 24 (6 1/2. clock morning).
4. Place of Birth, (Street and Number) 202. Rock Street.
5. Full Name of Mother, Louise Immick,
6. Mother's Maiden Name, Pily.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Henry Immick.
9. Father's Occupation, Labort.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. H. [illegible]

Name of Medical Attendant, *or other person who makes this Return.* *1701. 12. 1891*
Address, *Evening Dispensary 614 S. Third St. St. Louis*

Remarks, _____

8 9 4 0 0 0 1 0 6 6

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs without the attendance of a physician, the mother or other person in attendance shall be under the duty of reporting the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Feb. 24th 1894.

4. Place of Birth, (Street and Number) Baltimore 2317 Eastern Ave.

5. Full Name of Mother, Emma Miller

6. Mother's Maiden Name, Emma Beckin

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Harry Miller.

9. Father's Occupation, Labour.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor.

Address, # 615 S. Patterson Pl. Ave.

Remarks, _____

18940001068

He of the birth which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the name of the child, and the name of the mother, and the name of the father, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to cause a return of the birth of such child to be made to the Office of the Registrar of Vital Statistics, and every such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to which he or she shall be liable.

RETURN OF A BIRTH. ⁵⁴²⁴⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Wd

3. Date of Birth

Feb 24th 1894

4. Place of Birth, (Street and Number)

729 Grindell court

5. Full Name of Mother,

6. Mother's Maiden Name,

Katie Washington

7. Mother's Birthplace,

Baltd

8. Full Name of Father,

James Burke

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltd

Name of Medical Attendant, or other Person who makes this Return.

Margreth Sprigg

Address,

127 Winter st Baltd Md

Remarks,

18940001069

This schedule shall contain a list of the names of all persons who shall be born during the month, and shall set forth as far as the same can be ascertained, the sex, color, date of birth, name of the mother, name of the father, name of the practitioner in the form of a certificate between the first and third day of each and every month, the date and place of birth, and the said schedule shall be delivered to the Office of the Commissioner of Health. In case the birth of any child shall occur without day and date of birth, the practitioner or physician or practitioner of midwifery, or should no other person be in attendance at the birth, the practitioner or physician or practitioner of midwifery, or should no other person be in attendance at the birth, shall be liable to the Commissioner of Health, in the manner and within the period, and under the penalty, and for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 54250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth Feb 24th 1894
4. Place of Birth, (Street and Number) 755 Iceland st
5. Full Name of Mother, Mary Lize Smith
6. Mother's Maiden Name, Wesley
7. Mother's Birthplace, Balto
8. Full Name of Father, Alfred Smith
9. Father's Occupation, Balto
10. Father's Birthplace, Laborer
Name of Medical Attendant, or other Person who makes this Return. Margareth Sprigg
Address, # 127 Winter st Balto
Remarks,

18940001070

RETURN OF A BIRTH. 54251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) —

2. *Race or Color, (if not of the white race)-*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 1 0 7 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, truthfully and in accordance with the provisions of this section, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and the person or persons so failing to do so shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 1 0 7 2

month, and shall set forth as far as the same can be ascertained, the full name and occupation of his or her care during the
 been conferred; its sex, color, the full name and occupation of its parents, the date and place of its birth, the day of the
 third day of each and the attendance of a physician or the Commissioner of Health. In case the birth of any child
 shall occur without the attendance of a physician or the Commissioner of Health, it shall become the duty of the parents of such
 attendance upon the mother, immediately hereafter it shall become the duty of the period above mentioned, of such
 any such report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub-
 jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 24/04
4. Place of Birth, (Street and Number) 115 S Bond St
5. Full Name of Mother, Maggie Snyder
6. Mother's Maiden Name, Maggie Seizer
7. Mother's Birthplace, Balto
8. Full Name of Father, Lewis Snyder
9. Father's Occupation, Lumber Marker
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, Mary E. Pegg
- Address, 190 B South St
- Remarks, _____

8940001073

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the law requires, the date, time, place, sex, color, the full name and occupation of its parent, the name of the medical attendant, and the name of the child. It shall be delivered, duly signed by the practitioner in the form of a certificate between the 10th and the 15th of the month following the month in which the birth occurred, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall be reported to the office of the Commissioner of Health, in the manner and within the period above provided, by the parent or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{5th}

1. Sex, (state whether male or female) *John Spalding Albert*
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, *Feb 20/1*
 4. Place of Birth, (Street and Number) *709 Dolphin St*
 5. Full Name of Mother, *Laura Albert*
 6. Mother's Maiden Name, *McIlhenny*
 7. Mother's Birthplace, *Balto City*
 8. Full Name of Father, *Fr August Albert*
 9. Father's Occupation, *Salvageur*
 10. Father's Birthplace, *Balto City*
- Name of Medical Attendant, or other person who makes this Return, *John G. Huet*
- Address, *647 N Lafayette Ave*
- Remarks, *Full name of child added by mother when applying for a transcript.*
- 54254*

5-4255

RETURN OF A BIRTH. 54225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb. 24 - 1894

4. Place of Birth, (Street and Number) 1319 E. Pratt St.

5. Full Name of Mother, Rosalie Lesser

6. Mother's Maiden Name, Spandan

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Lesser

9. Father's Occupation, Jewellery

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 427 E. Pratt St.

Remarks,

8940001075

RETURN OF A BIRTH. 54256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2nd

1. Sex, (state whether male or female).... Male

2. Race or Color, (if not of the white race)-

3. *Date of Birth,* Feb 24th 1944

4. Place of Birth, (Street and Number): 113 1706 Townsend St.

5. Full Name of Mother, Rosaline Walk

6. Mother's Maiden Name, Ludwig

7. Mother's Birthplace, Germany

8. Full Name of Father, George L. Hall

9. Father's Occupation..... Leakout maker

10. Father's Birthplace, Hosmer

Name of Medical Attendant, or other person who makes this Return, Miss O. E. Green

Address, No 1907 E Monument St

Remarks,

8 9 4 0 0 0 1 0 7 6

RETURN OF A BIRTH. 54297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 1 0 7 7

RETURN OF A BIRTH. 54258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. Date of Birth, 29 February 1918

4. Place of Birth, (Street and Number)-----110 W. Hemlock, S.E.

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 800 Lexington Street

Remarks,

8 9 4 0 0 0 1 0 7 8

RETURN OF A BIRTH. 57260
GIVEN NAME ADDED 10 3 1911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Sophia Ford Scott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 24th of February 1894
 4. Place of Birth, (Street and Number) 1134 Bowen Street Baltimore Md
 5. Full Name of Mother, Bertha Price Scott
 6. Mother's Maiden Name, Bertha Price Ford
 7. Mother's Birthplace, Elkton Cecil Co. Md
 8. Full Name of Father, Ernest Thomas Scott
 9. Father's Occupation, Watchman
 10. Father's Birthplace, Baltimore Co Md
 Name of Medical Attendant, or other person who makes this return, Susan Glenton
 Address, 23 N Poppleton St
 Remarks, _____

8940001080

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the date and place of delivery, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to file a true and correct copy of this Return with the Commissioner of Health, and to pay the fee of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 24 - 1894
4. Place of Birth, (Street and Number) Floweren Garrison Ave
5. Full Name of Mother, Mary Cross
6. Mother's Maiden Name, Mary Mc. Train
7. Mother's Birthplace, Texas
8. Full Name of Father, John Cross
9. Father's Occupation Carver, Bldg. City
10. Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this Return, LSusan Emily Bailey
- Address, No 8 Teller St
- Remarks, At Severly Bldg City

8940001081

RETURN OF A BIRTH. 54262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 24 of February 1899

4. Place of Birth, (Street and Number)

No 1039 Sanford Ave

5. Full Name of Mother,

Jennie Miller

6. Mother's Maiden Name,

Jennie Paul Lertz

7. Mother's Birthplace,

Kattisnol

8. Full Name of Father,

Harry Miller

9. Father's Occupation,

Barber

10. Father's Birthplace,

Murresburg, Pa.

Name of Medical Attendant, or other person who makes this Return,

Mrs O. L. Luccer

Address,

No 1039 Sanford Ave

Remarks,

Bal. 1899

18940001082

REGISTRATION. The Registrar shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last day of the month, and every day thereafter, to the Registrar, who shall file the same in the office of the Registrar, and shall also report to the Registrar, immediately thereafter, if he shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, or to the Registrar of Births and Deaths, and attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to be fined to the sum of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, Feb. 24th 1894
4. Place of Birth, (Street and Number) Mid-Lying In Hosp
5. Full Name of Mother, Lucie Johnson
6. Mother's Maiden Name, "
7. Mother's Birthplace, Alabama
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "
- Name of Medical Attendant, or other person who makes this Return, Wilmer Bonham, M.D.
- Address, Mid-Lying In Hospital
- Remarks, "

8940001084

RETURN OF A BIRTH. 54265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Male

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth. February 24, 1894

4. Place of Birth, (Street and Number) #12 Bradford St

5. Full Name of Mother, Mary Askins

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, A. Getinet Child

8. Full Name of Father, Baltimore

9. Father's Occupation, Shopper

10. Father's Birthplace, 123. W. Durham St

Name of Medical Attendant, or other person who makes this Return. 123. W. Durham St

Address, 123. W. Durham St

Remarks, 18940001085

RETURN OF A BIRTH. 54267
 Statistics Board of Health, Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.)- 6th

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8940001087

[illegible]

been conferred, and set forth as far as the same can be ascertained, the full name of each child, (if any shall be born), the date of birth, the sex, color, the full name of its parents, the date of the birth, and the name of the person or persons who attended the birth, in the form of a certificate of birth, and the said certificate shall be signed by the person or persons who attended the birth, and shall be filed in the office of the Registrar of Vital Statistics, Baltimore City. In case the birth of a child to report its birth, immediately the person or practitioner of midwifery, or other person or persons, shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 25 1894

4. Place of Birth, (Street and Number) 121 S. Broadway

5. Full Name of Mother, Hermitta Fauster

6. Mother's Maiden Name, Hermitta Lambert

7. Mother's Birthplace, Bald.

8. Full Name of Father, Ernst Fauster

9. Father's Occupation, Painter

10. Father's Birthplace, Bald.

Name of Medical Attendant, or other person who makes this Return, R. W. Mansfield M.D.

Address, 129 S. Broadway

Remarks, _____

8 9 4 0 0 0 1 0 8 8

RETURN OF A BIRTH. 54269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

6940001089

shall be subject to the same penalties as those imposed upon any person who fails to report a birth or death as required by law. The Registrar of Vital Statistics shall be authorized to require the production of any records or documents in his possession or control which may be necessary for the purpose of ascertaining the truth of any statement made in this return. The Registrar of Vital Statistics shall be authorized to require the production of any records or documents in his possession or control which may be necessary for the purpose of ascertaining the truth of any statement made in this return.

attendance upon the mother, immediately thereafter, it shall become the duty of the mother, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 25/94

4. Place of Birth, (Street and Number) 418 S. Ann str.

5. Full Name of Mother, Mary Beck

6. Mother's Maiden Name, Schmitt

7. Mother's Birthplace, Balt.

8. Full Name of Father, Frank Beck

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenhofer

Address, 2225 Gough str.

Remarks,

18940001090

RETURN OF A BIRTH. 54271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person who shall fail to comply with the provisions of this act, shall be liable to a fine of not more than ten dollars for each offense, to be recovered on other lines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 25th 1894

4. Place of Birth, (Street and Number) 133 S Poppleton St

5. Full Name of Mother, Mamie Dawson

6. Mother's Maiden Name, Grove

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm Dawson

9. Father's Occupation, Telegraph Operator

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo Rhuleman

Address, 725 Columbian Ave

Remarks,

1 8 9 4 0 0 0 1 0 9 1

This is the only card which contains a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such attendance to cause the birth of such child to be reported to the office of the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 25/04
4. Place of Birth, (Street and Number) 2309 Eastern Ave.
5. Full Name of Mother, Kathie Mc Gray
6. Mother's Maiden Name, Ostrich
7. Mother's Birthplace, Balto.
8. Full Name of Father, Benjamin Mc Gray
9. Father's Occupation, Conductor
10. Father's Birthplace, Balto.
Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer
Address, 2225 Gough str.
Remarks, _____

8940001092

month, and shall set forth as far as the same can be ascertained the full name and occupation of his parents, the date and place of birth; and the child shall be registered in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Births. In case the birth of any child shall occur upon the third day of any month, the certificate shall be filed in the office of the Registrar of Births, in the manner and within the period above required, and any such person or persons who shall fail to do so, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

11-23-51
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George August Lindner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 25th 1891

4. Place of Birth, (Street and Number)

No. 3031 Frederick Ave.

5. Full Name of Mother,

Agnes C. Lindner

6. Mother's Maiden Name,

" " Hermann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George J. Lindner

9. Father's Occupation

Manufacturer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Annie Lindner

Address,

No. 106 S. Monroe St.

Remarks,

8940001093

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Male of Birth.*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 1 0 9 5

[illegible]

RETURN OF A BIRTH. 54276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *February 25th 1874*
4. Place of Birth, (Street and Number) *Baltimore 1725 Bayard st.*
5. Full Name of Mother, *Mrs. Ida. Lee. Bensus.*
6. Mother's Maiden Name, *Mrs. Ida. Lee. Brooks.*
7. Mother's Birthplace, *Virginia.*
8. Full Name of Father, *Mrs. Edw. Steel. Bensus.*
9. Father's Occupation, *Labor.*
10. Father's Birthplace, *Cambridge. Md.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Maryelen. Bentley.*
- Address, *929 S. Paca.*
- Remarks, *Child living*

RETURN OF A BIRTH. 54277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

6940001097

RETURN OF A BIRTH. 54279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color. (if not of the white race) 2

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother.

6. *Mother's Maiden Name*7. *Mother's Birthplace*

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return

Address

Remarks

8 9 4 0 0 0 1 0 9 9

RETURN OF A BIRTH. 54280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....7

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*4. *Place of Birth.* (*Street and Number*)

5. Full Name of Mother, Lena

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant. or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 1 1 0 0

54282

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been born, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth: and the date and place of birth of each child, and the date and place of birth of each parent, between the first and third day of each and every month to the office of the Commissioner of Health. If any person be in attendance upon the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report to the Commissioner of Health, within the period above required, and in the manner above prescribed, the names of each child so born, and the names of each parent, and be subject to the fine of ten (\$10) dollars in each offence, to be recovered as other fines and forfeitures are recoverable.

9

Female

White

Feb. the 24th 1894

021 W. Lexington St.

Annik Schlicher

Lang

Germany

Frank Schlicher

Schabmayer

Germany

M. H. Ladd

108-4 W-1A Lexington #10

8 4 4 0 0 0 1 1 0 2

RETURN OF A BIRTH. ⁵⁴²⁸³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

to 4 male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb 25 / 94

4. Place of Birth, (Street and Number)

918 Ridgely St

5. Full Name of Mother,

Martha Ziegler

6. Mother's Maiden Name,

Strippel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Ziegler

9. Father's Occupation,

Cloth Presser

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Augustav Dill M.D.

Address,

1334 W. Lombard St

Remarks,

None

list of the births which have occurred under his or her care, during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any), its sex, color, the full name and occupation of its parents, the date and place of birth, the day of each and every month to the office of the Registrar of Health. In case the birth of a child shall occur without the attendance of a Physician or person authorized to make a certificate of birth, the person so attending shall immediately thereafter report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

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RETURN OF A BIRTH. 54285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2nd May

4. Place of Birth, (Street and Number) 542 Rose St.

5. Full Name of Mother, Johanna Matzen

6. Mother's Maiden Name, Roitz

7. Mother's Birthplace, West Prussia

8. Full Name of Father, John Matzen

9. Father's Occupation, Lawyer's Clerk

10. Father's Birthplace, Lubau, Prussia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss

Address, 2522 Lancaster St.

Remarks, _____

8940001105

month, and shall set forth as far as the same can be ascertained the full name and occupation of his parents, the full name and occupation of the child, the date and place of birth, and the date and place of death, and shall be delivered, daily signed by the practitioner of health, to the Registrar of Vital Statistics, or should no other persons of such attendance upon his birth to the Commissioner of Health, in and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,...

6. Mother's Maiden Name,...

7. Mother's Birthplace,...

8. Full Name of Father,...

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant, (state person who makes this Return)...

Address,...

Remarks,...

18940001106

month, and shall report to the Registrar of Births, within the period of one month, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Edward William Cowe

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. February 26 1894

4. Place of Birth, (Street and Number) 415 Poleski St

5. Full Name of Mother, Elizabeth Schaffer

6. Mother's Maiden Name, Elizabeth Schaffer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William H. Schaffer

9. Father's Occupation, Plumber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. S. Kelley

Address, 123 Wilkins Ave

Remarks, _____

8940001107

Printed by C. Dulady Co., City Printers and Stationers

8 9 4 0 0 0 1 1 0 8

Commissioner of Health. This schedule shall contain a list of the births which have occurred under his authority, and shall set forth the name, sex, date and place of birth; and the date and place of delivery, and the name of the person who has been conferred the license to practice the art of midwifery, or who has been appointed by the Commissioner of Health. In case the birth of a child shall occur within the period above required, and the attendance upon the birth shall be given by a person who is not a duly licensed midwife, or a practitioner of midwifery, or a person who is not a duly licensed physician, or a person who is not a duly licensed nurse, or a person who is not a duly licensed attendant upon births, the provisions of this section shall be applicable to such person, and he shall be liable to the same penalties as are provided for in the provisions of this section.

RETURN OF A BIRTH 54289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 26th 1894

4. Place of Birth, (Street and Number) 213 N. Anny

5. Full Name of Mother, Mary Connor

6. Mother's Maiden Name, McHugh

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Connor, Jr.

9. Father's Occupation, Shumber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Wm. D. Winder, M.D.

Address, 1075 W. Fayette St.

Remarks, Alb. 894000.1109

RETURN OF A BIRTH. 54290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conceived or born) the date and place of birth, the date and place of death, the first and last names of the mother, the name of the father, the name of the practitioner in the first and third day of each and every month to the office of the Registrar of Vital Statistics, in case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the birth of the child, the name of the person who attended the birth, and the period above required, and any such person or persons who shall be guilty of any offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Feb 26 - 1894

3. Date of Birth, 403 S. Greeter St.

4. Place of Birth, (Street and Number) Amalie Koerber

5. Full Name of Mother, Schmidt

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Phillip Koerber

8. Full Name of Father, Potter

9. Father's Occupation, Baltimore

10. Father's Birthplace, Mary Stein

Name of Medical Attendant, or other person who makes this Return, 1427 E. Pratt St.

Address, 1427 E. Pratt St.

Remarks, _____

8940001110

RETURN OF A BIRTH

NAME: SIMON COHEN.

Second.

Male

White

February 26. 94

1709¹ Linden Ave

Rebecca S. Cohen

" / " Sinsheimer

Baltimore

Benjamin Cohen

Merchant

Baltimore

Alfred W. W. W. W.

926 Cathedral

8940001 *Index: 1894*

MR. J. C. TRILANDY, JR., CITY ENGINEER AND STATIONER

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,.....

4. *Place of Birth, (Street and Number)-*

5. Full Name of Mother,-----

6. *Mother's Maiden Name,*-----

7. *Mother's Birthplace,*-----

8. Full Name of Father,

9. *Father's Occupation*.....

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who
 1. *A. E. [Signature]* *W. F. [Signature]* *H. [Signature]*
 2. *W. F. [Signature]* *H. [Signature]* *A. E. [Signature]*

Address, 1427 Frank St.

Remarks,

8 9 4 0 0 0 1 1 1 4

month, and shall set forth and certify the date, time, place, and name of the child, its sex, color, the full name and occupation of the mother, the name of the medical attendant, and the name of the person who makes this return. In case the birth of a child shall occur without the attendance of a medical attendant, the mother, immediately thereafter, shall report its birth to the Commissioner of Health, in the manner and within the time provided for in the provisions of this section, and shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54296

A To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twinned
1. Sex, (state whether male or female) Girl and Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 26/94
4. Place of Birth, (Street and Number) 104 S. Chester str.
5. Full Name of Mother, Emma Hodges
6. Mother's Maiden Name, " Kullman
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jacob Hodges
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.
Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer
Address, 2225 Gough St
Remarks, 8940001116

RETURN OF A BIRTH. 54298
 Statistics Board of Health, Baltimore City.

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,* -----
4. *Place of Birth, (Street and Number)* -----

5. Full Name of Mother, _____

6. *Mother's Maiden Name,*—

7. Mother's Birthplace,--
8. Name of Father

8. Full Name of Father,
Father's Occupation—

9. Father's Occupation,

10. Father's Dr. *Name of Medical Att*

Name of Medical Attendant *Dr. J. J. [Signature]* or other persons who make this Return

Address, 1427 E. Main

Remarks, 1 5 4 0

8 2 4 0 0 0 1 1 1 8

[illegible]

RETURN OF A BIRTH. 54299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race)*

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number).

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks,

8 9 4 0 0 0 1 1 1 9

been conferred its seal, and the person who has been so appointed shall be entitled to receive the full name of each child, its sex, date and place of birth, and the name of the mother, and the name of the father, and the name of the physician or practitioner, and the name of the hospital, or should the birth of any child be reported to the Registrar of Vital Statistics, and the person or persons who have reported the birth of such child shall be liable to the provisions of the law in that behalf made, and the provisions of the law in that behalf made shall be subject to the fine of ten (\$10) dollars for each instance, to be recovered in other fines and forfeitures are recoverable.

Over
RETURN OF A BIRTH. 54300
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Febr. 26-1894*
4. Place of Birth, (Street and Number) *117 N. Guilford St.*
5. Full Name of Mother, *Rungunda Deinlein*
6. Mother's Maiden Name, *Neuberg*
7. Mother's Birthplace, *City*
8. Full Name of Father, *John Henry Deinlein*
9. Father's Occupation, *Summer*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other person who makes this Return, *W. E. Dausch*
Address, *1739 E. 43rd*
Remarks, *Full name of child - John Henry Deinlein*
8940001120

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) May
 Is or female

1. Sex, (state whether male or female) male
 of the white race) white

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 1927
(Street and Number) 1227

3. Date of Birth, 12-27-1907

4. Place of Birth, (Street and Number) San Diego, California

5. Full Name of Mother, Susan D. Thompson

6. Mother's Maiden Name Lucy D. [unclear]

7. Mother's Birthplace, *Baltimore*
Charles Edwards Miller

8. Full Name of Father, Leather

9. Father's Occupation, Light Housekeeper OP
P. L. Lush ml

10. Father's Birthplace, Philadelphia, Pa. or other person who

Name of Medical Attendant, or other person who makes this Return. *W. Lanvale Sr*

Address, 1703 W. Lawrence

Remarks, 18440001121

8 9 4 0 0 0 1 1 2 1

RETURN OF A BIRTH. 54302

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 1 1 2 2

[illegible]

been conferred) its sex, color, the full name and occupation of its parents, the date of its birth, and the date when it shall be delivered; duly signed by the practitioner in the form of a certificate bearing the name and address of the practitioner to whom the child is to be delivered; and the child shall remain under the care and control of the practitioner or practitioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter. In case the birth of the child is attended by any such person or persons who shall hereafter fail to comply with the provisions of this act, the child shall be liable to the fine of one hundred dollars for each offence, to be recovered as other fines and forfeitures are.

A

RETURN OF A BIRTH. 54313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.).

2nd

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

File

3. *Date of Birth,*

26. Feb. 194

4. *Place of Birth.* (Street and Number)

1207 Edward. L.

5. Full Name of Mother,

Mar. 6. 1894.

6. *Mother's Maiden Name,*

" f " Board

7. *Mother's Birthplace.*

Her name

8. *Full Name of Father,*

Emil Rott

9. *Father's Occupation,*

Saloon - beer

10. *Father's Birthplace,*

Balto.

Name of Medical Attendant, or other person who makes this Return.

C. L. Borden

Address,

418 S. Dacca St.

Remarks,

8 9 4 0 0 0 1 1 2 3

RETURN OF A BIRTH. 54314
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. Child
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Feb 26th 1894
4. Place of Birth, (Street and Number) # 1802 Eagle St
5. Full Name of Mother, Mrs Marie Ankenweis
6. Mother's Maiden Name, Miss " Gette
7. Mother's Birthplace, West Prussia Germany
8. Full Name of Father, August Ankenweis
9. Father's Occupation Labor
10. Father's Birthplace, West Prussia Germany
Name of Medical Attendant, or other person who makes this Return, Mrs. Heiler
Address, # 212 7th Pratt St
Remarks,

8 9 4 0 0 0 1 1 2 4

RETURN OF A BIRTH. 54303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 26th 1894

4. Place of Birth, (Street and Number) No 208 Washington St

5. Full Name of Mother, Mearis Luena

6. Mother's Maiden Name, Hertford

7. Mother's Birthplace, St. Louis, Mo.

8. Full Name of Father, William Weaver

9. *Father's Occupation* Teacher

10. Father's Birthplace, St. Louis, Missouri

Name of Medical Attendant, or other person who makes this Return.

Address, 265 Washington St

Remarks, 8

8-4000-1125

RETURN OF A BIRTH. 54306
 Baltimore Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

J. Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

3. *Date of Birth*,—

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Address,
Remarks

Remarks, 8 9 4 0 0 0 1 1 2 6

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Wm. J. C. Dulany Co., City Printers and Stationers

8 9 4 0 0 0 1 1 2 7

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred, its sex, color, the full name of the mother, the date of birth, and the day of the month, and the year, and the place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance, the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940001128

RETURN OF A BIRTH. 34309

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Ferriale

1. Sex. (state whether male or female)

white

2. Race or Color, (if not of the white race)

February 26, 1894

3. *Date of Birth.*—

143 / Lallo Koor

4. Place of Birth, (Street and Number)

(ET) Ellen Louise Bateman

5. Full Name of Mother,

Ashlow

6. *Mother's Maiden Name,*

And

7. *Mother's Birthplace.*

And:
Alfred Worthington Salomon
Clerk

8. *Full Name of Father,*

Clerk

9. *Father's Occupation*

[Signature]

10. *Father's Birthplace.*

Chas. H. Kitchell M.D.

Name of Medical Attendant, or other person who makes this Return
291 Ch

291 Chestnut Ave.

Address,

Remarks.

8 9 4 0 0 0 1 1 2 9

[illegible]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or other person having charge of the child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A RETURN OF A BIRTH. 54310
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 26 1894

4. Place of Birth, (Street and Number) 730 W. Germant St.

5. Full Name of Mother, Jennie Krause

6. Mother's Maiden Name, Male.

7. Mother's Birthplace, New York

8. Full Name of Father, Samuel F. Krause

9. Father's Occupation, Clerk

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Susan Linton

Address, 23 W. Bayview St.

Remarks,

8940001130

RETURN OF A BIRTH. 54311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)-*

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*—

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 1 1 3 1

[illegible]

RETURN OF A BIRTH. 54312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

D. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 1 1 3 2

month, after which it shall be as for as the same can be ascertained the full name and occupation of the mother, the full name and place of birth; and the said schedule shall be delivered, duly signed and attested, to the office of the Commissioner of Health. In case the mother or other person be in third day of each and every child born, immediately thereafter the duty of the person or parents of such child to report its birth in the manner and within the period above required, and any such person or persons failing to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Feb. Jan. 26, 94
4. Place of Birth, (Street and Number) 115 W. Lombard St.
5. Full Name of Mother, Flourne Mitchell
6. Mother's Maiden Name, D. C.
7. Mother's Birthplace, _____
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
Name of Medical Attendant, C. S. Neen, or other person who makes this Return.
Address, 115 W Lombard St
Remarks, _____

8940001133

RETURN OF A BIRTH. 543/4
Board of Health Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) *Female*

1. Sex, (state whether male or female).

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

5. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 1 1 3 4

[illegible]

RETURN OF A BIRTH 54317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (*State whether male or female*)

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number) 540 Wayne St

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 . 1 1 3 7

birthright. This section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth in full the name as ascertained the full name of each child, if any shall have been conferred; his sex, color, the full name and occupation of its parents, the date and place of birth; and the date and schedule duly delivered, duly signed by the Commissioner of Health. In the case of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race) — White

3. Date of Birth, 22 Jan. February 1878

4. Place of Birth, (Street and Number) London, England

5. Full Name of Mother, Ellen Meyer

6. Mother's Maiden Name, Wilcock

7. Mother's Birthplace, ----- *Bellingham*

8. Full Name of Father, Robert West

9. Father's Occupation.....Blacksmith

10. Father's Birthplace, Dallas, Texas

Name of Medical Attendant, or other person who makes this Return.

Address, Headline & Survey East of

Remarks. 8 8 4 0 0 0 1 1 3 8

8 9 4 0 0 0 1 1 3 8

RETURN OF A BIRTH. 54319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Under this act, every person who shall have the care of a child born alive, shall be liable to a fine of ten dollars for each child so born, unless he or she shall have caused the birth of such child to be registered in the office of the Registrar of Vital Statistics, within the time prescribed by law. In case the person be a physician, he or she shall be liable to a fine of ten dollars for each child so born, unless he or she shall have caused the birth of such child to be registered in the office of the Registrar of Vital Statistics, within the time prescribed by law. In case the person be a midwife, she shall be liable to a fine of ten dollars for each child so born, unless she shall have caused the birth of such child to be registered in the office of the Registrar of Vital Statistics, within the time prescribed by law. In case the person be a nurse, she shall be liable to a fine of ten dollars for each child so born, unless she shall have caused the birth of such child to be registered in the office of the Registrar of Vital Statistics, within the time prescribed by law. In case the person be a mother, she shall be liable to a fine of ten dollars for each child so born, unless she shall have caused the birth of such child to be registered in the office of the Registrar of Vital Statistics, within the time prescribed by law. In case the person be a father, he shall be liable to a fine of ten dollars for each child so born, unless he shall have caused the birth of such child to be registered in the office of the Registrar of Vital Statistics, within the time prescribed by law. In case the person be a mother, she shall be liable to a fine of ten dollars for each child so born, unless she shall have caused the birth of such child to be registered in the office of the Registrar of Vital Statistics, within the time prescribed by law. In case the person be a father, he shall be liable to a fine of ten dollars for each child so born, unless he shall have caused the birth of such child to be registered in the office of the Registrar of Vital Statistics, within the time prescribed by law.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27 February

4. Place of Birth, (Street and Number) 331 Pennsylvania St

5. Full Name of Mother, Mary Lewis

6. Mother's Maiden Name, Mary Koch

7. Mother's Birthplace, Balto

8. Full Name of Father, Martin Lewis

9. Father's Occupation, Labr

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. E. H. Bricker

Address, 1828 Light St

Remarks, Carry Well

18940001139

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of birth, and if any child has been conferred, its sex, color, the full name and age of the mother, the date and place of birth, and if any child has been delivered, duly signed by the practitioner in the form of a certificate, and shall be filed in the office of the Registrar of Vital Statistics, or should no other person be in attendance at the birth, immediately thereafter it shall become the duty of the person, or persons, who shall be present at the birth, to report its birth to the Registrar of Vital Statistics, and if any child is born, or persons who shall be present at the birth, to comply with the provisions of this section, and any person who shall fail to do so, shall be liable to a fine of not more than \$100, and the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 27th February
4. Place of Birth, (Street and Number) 306 Bartlett St.
5. Full Name of Mother, Sarah Catherine Hardy
6. Mother's Maiden Name, " " Ward
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Ward
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. James L. G. G. G.
- Address, 407 E. Coppertown St.
- Remarks, _____

RETURN OF A BIRTH. 54322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

25

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female), male

2. Race or Color, (if not of the white race) White

2. Race or Color, (if not of the white race) *February 27th. 1894*
3. Date of Birth, *New Lexhorte 1890*

3. Date of Birth, February 1904
4. Place of Birth. (Street and Number) Forsterhorste Alley
Margaretha Schneider

4. Place of Birth, (Street and Number) *St. Louis, Mo.*
5. Full Name of Mother, *Margaretha Schneider*
stepman

6. Mother's Maiden Name, B. Plimere

7. Mother's Birthplace, *Philadelphia, Pa.*

8. Full Name of Father, Charles J. Miller

9. Father's Occupation, *Secretary*

10. Father's Birthplace, *Wichita*

Name of Medical Attendant, or other person who makes this Return, Withdrew
1592 N. Ballingstone Ave.

Address, # 1720

Remarks, 11041

8 9 4 0 0 0 1 1 4 2

[illegible]

This schedule shall contain a list of the births which have occurred in the city of Baltimore during the month, and shall set forth, for each child, (if any shall have been born in the city of Baltimore during the month) the date and place of birth, and the name of the mother, and the name of the father, and the name of the medical attendant, and the name of the person who makes this return, and the name of the person who is subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d child
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth. February 27, 1894
4. Place of Birth, (Street and Number) 1827 West Pratt St.
5. Full Name of Mother, Minnie Prieme
6. Mother's Maiden Name, Minnie Hench
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Prieme
9. Father's Occupation, Baker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Philipp Heedrich
- Address, 2151 Wilkins Avenue
- Remarks, _____

8940001144

health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if the child has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance upon the mother, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered in other does and forfeitures are recoverable.

RETURN OF A BIRTH. 54325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2
Girl

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

3. Date of Birth, February 29, 1894.

4. Place of Birth, (Street and Number)

212 N Bethel st.

5. Full Name of Mother,

Annie Bensy.

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germania

8. Full Name of Father,

Fred Bensy
Taylor.

9. Father's Occupation,

10. Father's Birthplace,

Germania

Name of Medical Attendant, or other person who makes this Return,

Harry Kaphish

Address, 205 N Washington St.

Remarks,

18940001145

month, and shall set forth as far as the same can be ascertained the full name and occupation of the mother, the date and place of the birth, the sex, color, and age of the child, the name of the attending physician, and the name of the person who makes this return. If the mother, immediately thereafter, or practitioner of midwifery, or other person, shall fail to comply with the provisions of this section, he or she shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54326 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 24th of February 94

4. Place of Birth, (Street and Number) 720 E. Pratt St.

5. Full Name of Mother, Helme Heller

6. Mother's Maiden Name, Helme Peterson

7. Mother's Birthplace, Germany

8. Full Name of Father, Friederich Heller

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Heller Midwife

Address, 2116 West Pratt St.

Remarks,

8940001146

RETURN OF A BIRTH. 543²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) girl 22

2. Race or Color, (if not of the white race) 11931 Dallas, TX

3. Date of Birth, 29 February 1927 W. J. Brown

4. Place of Birth. (Street and Number) 1037 N. Dallas
422 Shinal

5. Full Name of Mother, Hellie Throck
B. L.

6. Mother's Maiden Name, Buck

7. Mother's Birthplace, Yemen
Charles Kirsch

8. Full Name of Father, Charles James
Isidor

9. Father's Occupation Farmer

10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Anna Walker

Name of Medical Attendant, 928 N. Cal St. makes this Return.

Address, 28
 Residence, 28

8 9 4 0 0 0 1 1 4 7

[illegible]

[illegible]

RETURN OF A BIRTH. 54328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 4.

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth, February 27th 1894.....
4. Place of Birth, (Street and Number) Hansen St. No. 1020.....
5. Full Name of Mother, Margarette Pette.....
6. Mother's Maiden Name, Margarette Guisfeldt.....
7. Mother's Birthplace, Germany.....
8. Full Name of Father, Liebert Pette.....
9. Father's Occupation Police.....
10. Father's Birthplace, Germany.....
- Name of Medical Attendant, or other person who makes this Return, Staten M. M. M. M.
- Address, see Leadenhall Street
- Remarks,

8 9 4 0 0 0 1 1 4 8

RETURN OF A BIRTH. 54330
 State Board of Health, Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

It is returned

Lith

Marguerite Easter
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
Male or female _____

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth, and Number)

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, 237

Address.

Remarks, _____

GREEN WAVE ABSEN. 4-13-53

1 8 9 4 0 0 0 1 1 5 0

any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 27, 1894
4. Place of Birth, (Street and Number) 1619 Castle St
5. Full Name of Mother, Annie Hayek
6. Mother's Maiden Name, Bohemianie
7. Mother's Birthplace, Bohemianie
8. Full Name of Father, John Hayek
9. Father's Occupation, Carpenter
10. Father's Birthplace, Bohemianie
Name of Medical Attendant, or other person who makes this Return, Harry Kaptisch
Address, 205 N. Washington St
Remarks,

8940001152

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conformed), its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. It shall be filed in the office of the Commissioner of Health, in case the birth of an illegitimate child occurs, and the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, or who furnish false information, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 54333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

African

3. Date of Birth,

Feb 27 1890

4. Place of Birth (Street and Number),

1113 Fulton St

5. Full Name of Mother,

Mary White

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Chas A White

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Edmund K. Ballard M.D.

Address,

500 Park Ave

Remarks,

8940001153

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the day of the month in which the child was born, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time and place and under the penalty provided in this act. Any person who fails to report the birth of a child shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Crimed

3. Date of Birth,

February 28th 1894

4. Place of Birth. (Street and Number)

20 Roper Street

5. Full Name of Mother,

Ramie Magruder

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

do not know

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Dr. J. C. Langille M.D.

Address,

400 W. B. Radcliff Street

Remarks,

54335-

To

Qnd

- Female

White.

28.

600 Doves Unit.

Mr Frank Dobrony

—

Keywords: *work, stress, coping, organizational commitment, organizational citizenship behavior*

—

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

ORV Stone M.D.

622 W. Lombard Street

Remarks, ...

[illegible]

RETURN OF A BIRTH. 37336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*-

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940001156

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any, shall have been conceived, the sex, color, and date of birth, and the date of the first day of the third month of the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth, the birth shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A

RETURN OF A BIRTH. 54337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d to

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28th Jan. Feb. 1894

4. Place of Birth, (Street and Number) W. May St. N. 128

5. Full Name of Mother, Mari Edelman

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Johan Edelman

9. Father's Occupation Baltimore Work House

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, _____

Address, Rebecca Pharmacy East E. by N. 434

Remarks, _____

18940001157

RETURN OF A BIRTH. 54338

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Age of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth -

Sex, (state whether male or female)

Female

Color, (if not of the white race)

White

Day of Birth,

Helman 28 / 1894 -

Place of Birth, (Street and Number)

2049 E. Monument St.

Name of Mother,

Annie M. Holman.

Maiden Name,

Annie M. Paehlman.

Place of Birth,

Baltimore, Md.

Name of Father,

Geo. B. Holman

Occupation,

Book Binder

Place of Birth,

Baltimore, Md.

Name of Medical Attendant,

or other person who makes this Return.

Address,

701 S. Broadway -

Place of Birth,

Born, 40 W.

CORRECTION

The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-64)
Hall of Records Commission

RETURN OF A BIRTH. 54338

The Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Id of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

Sex, (state whether male or female)

Female

Color, (if not of the white race)

White

Age at Birth,

28/1874

Place of Birth, (Street and Number)

2049 E. Monument St.

Name of Mother,

Annie M. Holman.

Mother's Maiden Name,

Annie M. Poehlmann.

Place of Birth,

Baltimore, Md.

Name of Father,

Geo. B. Johnson

Occupation,

Cigar Maker

Place of Birth,

Baltimore, Md.

Name of Medical Attendant, or other person who makes the Return.

W. B. Smith, Jr. M. D.

Address,

700 S. Broadway

Remarks,

Born. 40. W. 1894 00 1158

birth, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall be born, the date of its birth, the occupation of its parents, the date and place of birth; and the full schedule shall be delivered daily signed by the Commissioner of Health, in case of the first and third day of each and every month to the office of the Commissioner of Health. In case of the second day of each and every month to the office of the physician or practitioner of midwifery, or should no other person be in attendance without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, to report to birth to the Commissioner of Health. In case of the death of any person or persons who shall hereafter fail to comply with the provisions of this section, he shall be liable to a fine of not less than ten (\$10) dollars for each offence, to be recovered on a motion for such fine, and forfeited are recoverable on a motion to the full extent of the fine.

A.

RETURN OF A BIRTH.

54339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color. (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant,

or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 1 1 5 9

[illegible]

A.

RETURN OF A BIRTH. 54340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. *Sex.* (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number).

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

1 6 9 4 0 0 0 1 1 6 0

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 28th 1894.

4. Place of Birth, (Street and Number) 1107 N. Eden st.

Full Name of Mother. Josephine Newman

5. Full Name of Mother, Josephine
6. Mother's Maiden Name, Krieger

6. Mother's Maiden Name, Johnson

7. Mother's Birthplace. Danvers, Vt.

8. Full Name of Father, Frederick Newman
 Father's Occupation, Hauling

9. Father's Occupation, Hauling
Bolt Cite

Name of Medical Attendant or other person who E. B. Fenby, M. D.

Name of Medical Attendant, or other person who makes this Return, _____
Address 1219 N. Caroline st. _____

Address, 1217 N. Chicago St.

Remarks _____

894000116

RETURN OF A BIRTH. 54342
Vital Statistics Board of Health, Baltimore City.

RETURN OF A BIRTH

A. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. Place of Birth, (Street and Number) ...

4. *Place of Birth*
5. *Full Name of Mother,*

6. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. Full Name of Father,

8. Full Name of _____
9. Father's Occupation _____

9. *Father's* _____
10. *Father's Birthplace.* _____

Name of Medical Attendant, or other person who makes this Return. 207.

Name of Member _____
Address, _____

Address, _____

Remarks, _____

[illegible]~~8 9 4 0 0 0 1 1 6 2~~

This schedule shall contain a list of the births which have occurred under his order care during the year, and shall be filled out by the practitioner of the health, and shall be delivered to the Registrar of Health, in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Health. In case the birth of any child occurs upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this provision shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A.

RETURN OF A BIRTH.

54344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *Helen Christiana Seppel*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *III*

1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *Febr. 28/94*
4. Place of Birth, (Street and Number) *259 S. Ann str.*
5. Full Name of Mother, *Emma (Heibel) Seppel*
6. Mother's Maiden Name, *Schmalzuss*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *Fred. O. (Heibel) Seppel*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Deisenhofer*

Address, *2225 Gough str.*

Remarks, _____

8940001164

RETURN OF A BIRTH. 54345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ..
2. Race or Color, (if not of the white race)
3. Date of Birth, ..
4. Place of Birth, (Street and Number) ..
5. Full Name of Mother, ..
6. Mother's Maiden Name, ..
7. Mother's Birthplace, ..
8. Full Name of Father, ..
9. Father's Occupation, ..
10. Father's Birthplace, ..
Name of Medical Attendant, or other person who makes this Return, ..
Address, ..
Remarks, ..

Wm. J. C. Dulany Co., City Printers and Stationers.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54346

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child.

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Feb 28th.

4. Place of Birth, (Street and Number) 1046 N. Bay St.

5. Full Name of Mother Mary E. Fryck

6. Mother's Maiden Name Mary Kirsch

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father George C. Fryer

9. Father's Occupation Barber

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Kate Lapanian

Address 1047 N. Bay St.

Remarks Doing well.

8 9 4 0 0 0 1 1 6 6

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer in charge of the office of registration or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to be fined not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54347

A To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Feb 28, 1894
 4. Place of Birth, (Street and Number) 2626 Hudson St.
 5. Full Name of Mother, Ida Webb
 6. Mother's Maiden Name, Ida Roberts
 7. Mother's Birthplace, Balto
 8. Full Name of Father, William Webb
 9. Father's Occupation, Labor
 10. Father's Birthplace, Balto
 Name of Medical Attendant, or other person who makes this Return, Mary L. Swaine
 Address, 824 Canton St.
 Remarks, _____

8940001167

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

RETURN OF A BIRTH. 34348
CERTIFICATE CORRECTED 3-18-54
 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Myrtle Evelyn Kirby
Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Feb 28, 1894*
 4. Place of Birth, (Street and Number) *3609 Lombard St.*
 5. Full Name of Mother, *Rose (Kerby) Kirby*
 6. Mother's Maiden Name, *Rose Michalske*
 7. Mother's Birthplace, *Balt.*
 8. Full Name of Father, *F.M.C. (Kerby) Kirby*
 9. Father's Occupation, *Carpenter*
 10. Father's Birthplace, *Balt.*
 Name of Medical Attendant, or other person who makes this return, *Mary T. Gray*
 Address, *824 Carter St.*
 Remarks, _____

8 9 4 0 0 0 1 1 6 8

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 124

- 1 8 9 4 0 0 0 1 1 6 9

A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8 Child

Girl

White Race

Born Feb 28th 1894

#1824 W. Pratt Str

Mrs. Mary. Heinenberg

Miss "O" Oswald

Ufa, Germany

Conrad Heinzenberger

Baker

Alfa. Germany

Wm. Miller

H-2127 W. Pratt St

8940001171

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any, shall have been conferred) its sex, color, the full name and occupation of its mother, and in the form of a certificate between the first and third of the month following the birth of the child, to be signed by the mother, or in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person so attending the mother to report its birth to the Commissioner of Health, and to comply with the provisions of this section. Any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 28, 1894

4. Place of Birth, (Street and Number) 4515 N. Washington St.

5. Full Name of Mother, Helen Speckhardt.

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Germany

8. Full Name of Father, John Speckhardt.

9. Father's Occupation, Carpenter.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopsch

Address, 1205 N. Washington St.

Remarks, Baltimore Md.

8940001172

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1 st Child |
|--|----------------------------------|
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | 28 th & February 1894 |
| 4. Place of Birth, (Street and Number) | Bunough St 1019 |
| 5. Full Name of Mother, | Sophie Nickerson |
| 6. Mother's Maiden Name, | Telegrenschki |
| 7. Mother's Birthplace, | Germany |
| 8. Full Name of Father, | Henry Nickerson |
| 9. Father's Occupation | Seller |
| 10. Father's Birthplace, | Germany |
| Name of Medical Attendant, <small>or other person who makes this Return.</small> | Lizzie Chauffeur |
| Address, | 1019 St. 1019 St. 1019 St. |
| Remarks, | |

8 9 4 0 0 0 1 1 7 4

RETURN OF A BIRTH. 54353

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

181

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
 Sex, male _____ female _____

1. Sex, (state whether male or female).

1. Sex, (state and)
2. Race or Color, (if not of the white race)-

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. *Mother's Maiden Name,*-

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 1 1 7 5

...the name of each child, if any shall have been conferred) its sex, color, the date and place of birth: and the said schedule shall be delivered, duly signed by the attending physician or practitioner of midwifery, or should no other person be present, by the mother, to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54,356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 28th 1914

4. Place of Birth, (Street and Number) Baltimore Md

5. Full Name of Mother, Kate Smallwood

6. Mother's Maiden Name, Cosgrove

7. Mother's Birthplace, Maryland

8. Full Name of Father, Chas. Smallwood

9. Father's Occupation, Coachman

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. B. Hart M.D.

Address, 1515 Jefferson Ave

Remarks, Wanted

Baltimore

8940001176

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred in the section, the name and occupation of the mother, the date of birth, the sex, the race or color, the place of birth, the full name of the mother, the mother's maiden name, the mother's birthplace, the full name of the father, the father's occupation, the father's birthplace, the name of the medical attendant, or other person who makes this return, the address, and such other particulars as may be required by the Board of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section. If the person or persons so required to report, fail to do so, and be convicted of such offense, to be recovered as other fines and forfeitures are recoverable, he or she shall be liable to a fine of ten (10) dollars for each offense.

RETURN OF A BIRTH 54358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 28/94. 3:30 A.M.

4. Place of Birth, (Street and Number)

1619 N Calhoun St

5. Full Name of Mother,

Alice Hopkins

6. Mother's Maiden Name,

Alice Woods

7. Mother's Birthplace,

Prince Georges Co. Md.

8. Full Name of Father,

Joseph Hopkins

9. Father's Occupation,

Mercantile Traveller

10. Father's Birthplace,

Prince Georges Co. Md.

Name of Medical Attendant, or other person who makes this Return.

A. Haxton Md

Address,

1136 N. Duval St

Remarks,

Bolton Md

18940001178

month, and shall set forth as far as ascertained the full name and color of the child, the date and place of birth; and the date of delivery, and the name of the person attending the birth, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54,359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb. 28 '94
4. Place of Birth, (Street and Number) 1402 Harlow ave
5. Full Name of Mother, Mrs. Marion E Biddle Graydon
6. Mother's Maiden Name, " " Biddle
7. Mother's Birthplace, Queen Anne's Co Md
8. Full Name of Father, Joseph J Graydon
9. Father's Occupation, Chemical Plumber
10. Father's Birthplace, Philadelphia
- Name of Medical Attendant, or other person who makes this Return, T C Warrington
- Address, 840 W Fayette St
- Remarks, _____

8940001179

Months. The schedule shall contain a list of the births which have occurred during the month, and shall be so arranged as to be furnished by the Commissioner of Health, and shall be so arranged that the name can be ascertained the full name of the child, if the child has been conferred its sex, color, the date of its birth, and the name of its mother. The said schedule shall be delivered, duly signed and attested by the Commissioner of Health, to the parents of the child, if any child, if any child, have been born during the month, and shall be in the form of a certificate between the parents and the Commissioner of Health. In case the birth of any child shall occur without any month to the office of the Commissioner of Health, the Commissioner of Health shall, upon the mother, father, or practitioner of medicine, or any other person, be liable to report its birth to the Commissioner of Health, in the manner and within the period above provided, in the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered in other laws and ordinances are recoverable.

RETURN OF A BIRTH 54,360

A To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Febr 28th 94

4. Place of Birth, (Street and Number) 1224 Foster alley

5. Full Name of Mother, Belia Banks

6. Mother's Maiden Name, Belia Leng

7. Mother's Birthplace, Mary land

8. Full Name of Father, Isaac Banks

9. Father's Occupation, Coachman

10. Father's Birthplace, Kentucky

Name of Medical Attendant, or other person who makes this Return. Albert K. Hodel M.D.

Address, 11443 Park ave

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (or shall have been conferred) its sex, color, the full name and occupation of the mother, and the full name of the physician or midwife, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the mother to report the birth of such child to the Commissioner of Health, and shall be subject to the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 28 Feb

4. Place of Birth, (Street and Number) 505 St. Central ave

5. Full Name of Mother, Fannie Curran

6. Mother's Maiden Name, Campbell

7. Mother's Birthplace, Ireland

8. Full Name of Father, Frank Curran

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. D. M. M. M.

Address, Box 5

Remarks,

18940001181

Health. This schedule shall contain a list of the births which have occurred under his or her supervision during the month, and shall set forth as far as possible the names of the parents, the date and place of birth, and the sex of the child, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or other person on whose attendance upon the mother, or the child, the birth of the child was dependent, shall be liable to a fine of ten dollars for each child born, and to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Five (5).*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 28/94*
4. Place of Birth, (Street and Number) *1047 Hughes St*
5. Full Name of Mother, *Mary Hraig*
6. Mother's Maiden Name, *Mary Hraig*
7. Mother's Birthplace, *Washington D.C.*
8. Full Name of Father, *Marion Hraig*
9. Father's Occupation, *Stone Cutter*
10. Father's Birthplace, *Balto. Md.*
Name of Medical Attendant, or other person who makes this Return, *Mr. Annie Jones*
Address, *No 1603 S. Charles & H. 9*
Remarks, *Yours. Respectfully.*

8940001182

A. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as possible the name and occupation of the father, the date and place of birth, the sex, color, and race of the child, and the name of the mother. In the form of a certificate of birth of any child, the Registrar shall be required to sign and seal the same, and to forward it to the Commissioner of Health. The Registrar shall also be required to sign and seal every month to the Commissioner of Health, or should no other person be designated, to the Commissioner of Health, the manner and within the time specified in the section shall be subject to the penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 574363 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st J. C. Chambers. 3. Linn

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Callard. Chant

3. Date of Birth, Feb. 28 1894

4. Place of Birth, (Street and Number) Baltimore ward 14 24

5. Full Name of Mother, Mary E. Smith

6. Mother's Maiden Name, Chambers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, A. G. Smith

9. Father's Occupation, Cable maker, Carroll St

10. Father's Birthplace, Chast. Conn

Name of Medical Attendant, or other person who makes this Return, 1428

Address, Seminu Mills 14 28

Remarks, Out of Landerger's Case

Longe near March 10 1893

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54,364

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *February 28. 94*
4. Place of Birth, (Street and Number) *110 E North Ave*
5. Full Name of Mother, *Rebecca H. Ladd*
6. Mother's Maiden Name, *Swirell*
7. Mother's Birthplace, *Pennsylvania*
8. Full Name of Father, *Jas B Ladd*
9. Father's Occupation, *Mechanical Engineer*
10. Father's Birthplace, *N. Y.*
- Name of Medical Attendant, or other Person who makes this Return *Robert Johnson M.D.*
- Address *101 N. Franklin St.*
- Remarks

month, and shall set forth as far as possible, a list of the births which have occurred under his or her care during the said month, in the form of a certificate between the first and last day of each and every month to the office of the Commissioner of Health. In case the birth of any child should occur on the last day of the month, the birth shall be reported to the office of the Commissioner of Health, immediately thereafter, it shall become the duty of the practitioner, immediately thereafter, to report the birth of the child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Feb 22 1894*

4. Place of Birth, (Street and Number) *1247 William St*

5. Full Name of Mother, *Mrs. Elizabeth Mayle*

6. Mother's Maiden Name, *Baker*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *William Baker*

9. Father's Occupation, *labor*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *Mrs. E. A. Brooks*

Address, *1828 Light St*

Remarks, *Doing Well*

18940001185

RETURN OF A BIRTH. 574366
Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....

3. Date of Birth, 18 February

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, Helena

6. Mother's Maiden Name, *Miller*

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Baltimore

Father's Occupation John

Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes the report

Address, See attached

Remarks, *Laurel Hall*

8 9 4 0 0 0 1 1 8 6

This schedule shall contain a list of the births which have occurred under his or her care during the year, and for each child, the full name of the child, the date and place of birth, and the sex, race or color, the name of the practitioner in the form of a certificate, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother of the child shall become the duty of the person or persons required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

54368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 1st 1894

4. Place of Birth, (Street and Number)

#19 Belmont St

5. Full Name of Mother,

Mary Helms

6. Mother's Maiden Name,

Mary Teaman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Samuel Helms

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs. E. A. Brooks

Address,

1828 Light St

Remarks,

Living Well

8940001188

[illegible]

RETURN OF A BIRTH. 54369
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Febr. 1/94

4. Place of Birth, (Street and Number) 2047 Canton Ave.

5. Full Name of Mother, Annie Connolly

6. Mother's Maiden Name, " Mc Donough

7. Mother's Birthplace, Ireland

8. Full Name of Father, Martin Connolly

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs. Seivenhofer

Remarks, 2225 Long St.

18940001189

A.

54370

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

[Handwritten signature]

Feb 1st 94.

152-113 - Memphis Ok

Henry E. Hess

1. *Hydrophilus*

Balto

Charles F. Hall

1
1222. *Perilla*

Washington D. C.

21. 11. 1914

Remarks,

8 9 4 0 0 0 1 1 9 0

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conceived and born before the first day of the month), the date of birth, the sex, the race or color, the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the birth shall be reported to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

574371

A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth. 1st February

4. Place of Birth, (Street and Number) 209 Common St.

5. Full Name of Mother, Mary Sehlingsman

6. Mother's Maiden Name, Beukema

7. Mother's Birthplace, Baltic

8. Full Name of Father, Frederick Sehlingsman

9. Father's Occupation Watchman

10. Father's Birthplace, Persepolis (Persia)

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss

Address, 2522 Lancaster St.

Remarks, _____

18940001191

RETURN OF A BIRTH. 54372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, February 2nd 1894
4. Place of Birth, (Street and Number) No. 454 Eastern Cemetery Lane
5. Full Name of Mother, Mary Dask
6. Mother's Maiden Name, " Straub.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Dask
9. Father's Occupation, Painter.
10. Father's Birthplace, Baltimore.
Name of Medical Attendant, Annie Lindner
Address, No. 106 S. W. 1st St.
Remarks, _____

8 9 4 0 0 0 1 1 9 2

RETURN OF A BIRTH. 54373 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White race

3. Date of Birth, February 2^d 1894.

4. Place of Birth, (Street and Number) No 571 Walnut alley.

5. Full Name of Mother, St. St. Kresner.

6. Mother's Maiden Name, Kate Schwitzer.

7. Mother's Birthplace, in Baltimore.

8. Full Name of Father, Charles Kresner.

9. Father's Occupation, a Laborer.

10. Father's Birthplace, in Baltimore.

Name of Medical Attendant, or other person who makes this Return, Midwife Theresa Geller

Address, No 538 Biddle alley

Remarks,

8940001193

RETURN OF A BIRTH. 54374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *Feb 2, 1894*
4. Place of Birth, (Street and Number) *858 Myson St*
5. Full Name of Mother, *Fannie Reddings*
6. Mother's Maiden Name, *Arnold*
7. Mother's Birthplace, *6/14*
8. Full Name of Father, *John Reddings*
9. Father's Occupation, *pastor*
10. Father's Birthplace, *Italy*
Name of Medical Attendant, or other person who makes this Return, *Mary Le Jones*
Address, *1721 Saratoga St*
Remarks, _____

8940001194

This certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said certificate shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child shall occur on the last day of each month, the practitioner shall report the same to the Commissioner of Health, immediately thereafter. It shall become the duty of the person attending upon the mother, immediately thereafter, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, February 2nd _____
4. Place of Birth, (Street and Number) 1516 Saratoga St. _____
5. Full Name of Mother, W. W. H. Pfaff _____
6. Mother's Maiden Name, Kraus _____
7. Mother's Birthplace, Baltimore _____
8. Full Name of Father, Henry Ulrich Pfaff _____
9. Father's Occupation, Restaurant & Cigar _____
10. Father's Birthplace, Baltimore _____
Name of Medical Attendant, or other person who makes this Return, Katie M. Ulrich _____
Address, 800 Leadenhall Street _____
Remarks, _____

8940001195

over six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 54376

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Feb 2 1894
4. Place of Birth, (Street and Number) 318th Eden St
5. Full Name of Mother, Mollie Temerus
6. Mother's Maiden Name, Rosenstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Temerus
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
Name of Medical Attendant, or other Person who makes this Return J. H. Colling
Address, 1810 E Bait. St.
Remarks, _____

54377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

43

Prof. Clark

Chit.

February 2. 1894.

52 Market Place

Lena Weikant.

Lena. Tolinsky.

Russia

Lact. Keimkrant.

Russia

Barbenteria

Mrs. W. Feldman

Q. Lombard, St.

Remarks,

8 9 4 0 0 0 1 1 9 7

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Ba.

Persons who shall hereafter fail to comply with the provisions of the act in the period above required, and who shall be found guilty of such failure, shall be liable to a fine of not less than five (5) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *3 Feb*

4. Place of Birth, (Street and Number) *1213 Williams St*

5. Full Name of Mother, *Fessie Warley*

6. Mother's Maiden Name, *Fessie Fitzhugh*

7. Mother's Birthplace, *Balta*

8. Full Name of Father, *William H. Warley*

9. Father's Occupation, *Engineer*

Father's Birthplace, *Balta*

Name of Medical Attendant, or other person who makes this Return, *Dr. J. B. Brown*

SS,

1525 Light St
Young

8940001198

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Es,

8440001199

GIVEN NAME ADDED 6-3-52

RETURN OF A BIRTH. 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

Name: *Hilda Elizabeth Miller*

4th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 3rd 1894

4. Place of Birth, (Street and Number)

1321 N Carey

5. Full Name of Mother,

Margaret Miller

6. Mother's Maiden Name,

Kraus

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Miller

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Wm E Sadtler

Address,

200 Druid Hill Ave

Remarks,

8 7 4 0 0 0 1 2 0 0

Such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

and Stationers.

caused to report its birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

February 3d

4. Place of Birth, (Street and Number)

1608 West Baltimore Street

5. Full Name of Mother

Mary Elizabeth Lauer

6. Mother's Maiden Name

Mary Elizabeth Rosenman

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

John F. Lauer

9. Father's Occupation

Shoemaker

Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return

Mrs. Lindner

Address

24th & S. Howard St.

Remarks

18940001201

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 27 - 94

4. Place of Birth, (Street and Number) Cathago St

5. Full Name of Mother, Mary Slaysman

6. Mother's Maiden Name, Mifflin

7. Mother's Birthplace, Ireland

8. Full Name of Father, Alfred Slaysman

9. Father's Occupation, Engineer

Father's Birthplace, Batts

Name of Medical Attendant, W B Perry M.D. or other person who makes this Return.

Address, 400 E. Howard St.

Remarks, 18940001202

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 5438.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 3, 1894

4. Place of Birth, (Street and Number)

1836 O'Donnell St

5. Full Name of Mother,

Louisa Thorne

6. Mother's Maiden Name,

Louisa Kreager

7. Mother's Birthplace,

Germany, Europe

8. Full Name of Father,

William Thorne

9. Father's Occupation,

Laborer

Father's Birthplace,

Baltimore, Maryland

Name of Medical Attendant,

or other person who makes this Return. Mrs. Lissman

Address,

1255 Ave. St

Remarks,

18940001203

RETURN OF A BIRTH. 54389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940001204

Any person who neglects to file this return, or who files a false return, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 543 90

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 3rd 1894

4. Place of Birth, (Street and Number)

44 Perkins St

5. Full Name of Mother,

Agnes M. Graham

6. Mother's Maiden Name,

Agnes M. Shipley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Walter C. Graham

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Hanover Penn

Name of Medical Attendant, or other person who makes this Return,

B. F. Phillips M.D.

Address,

453 W. Lexington St

Remarks,

8940001205

GIVEN NAME ADDED

3-26-69 L

RETURN OF A BIRTH. 54391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARGARET L. HAMPSON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 3rd 91

4. Place of Birth, (Street and Number) 837 W North Ave

5. Full Name of Mother, Anna E. Hampson

6. Mother's Maiden Name, Hobart

7. Mother's Birthplace, Rochester Co Md

8. Full Name of Father, Joseph Hampson Jr

9. Father's Occupation, Knicker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S H Seldner M.D.

Address, 154 E Bay St

Remarks,

1 8 7 4 0 0 0 1 2 0 6

Fetted to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Feb 13th '94
 4. Place of Birth, (Street and Number) 4 Wilson St. St. Mary's Bldg.
 5. Full Name of Mother, Catherine Mungard
 6. Mother's Maiden Name, " Sampson
 7. Mother's Birthplace, Balt. Md.
 8. Full Name of Father, Wm. T. Mungard
 9. Father's Occupation, Machinist
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, J. W. Hart M.D.
 Address, 1013 Jefferson Ave.
 Remarks, St. Mary's Bldg.

18940001207

RETURN OF A BIRTH 54393

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex (state whether male or female)

Male

Race or Color, (if not of the white race)

Date of Birth,

Feb 3 1894

Place of Birth, (Street and Number)

619 W Lombard St

Full Name of Mother,

Florence Baroway

Mother's Maiden Name,

Balser

Mother's Birthplace,

Russia

Full Name of Father,

Salomon Baroway

Father's Occupation,

Agent

Father's Birthplace,

Russia

No. of Medical Attendant, or other Person who makes this Return

J. H. Collenberg

Address,

1810 E Balt. St

Remarks,

894001208

RETURN OF A BIRTH. 54394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 3 February
4. Place of Birth, (Street and Number) 1213 St. Louis St.
5. Full Name of Mother, Marie Reising
6. Mother's Maiden Name, Roch
7. Mother's Birthplace, Germany
8. Full Name of Father, John Reising
9. Father's Occupation, Carpenter
- Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Annie Walker
- Address, 928 N. Lomb. Ave.
- Remarks, _____

18940001209

RETURN OF A BIRTH. 54395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Febr. 3/04

4. Place of Birth, (Street and Number) 23 N. Bradford str.

5. Full Name of Mother, Babetta Wilhelm

6. Mother's Maiden Name, Riesler

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Wilhelm

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

11. Name of Medical Attendant, or other persons who makes this Return, Mrs. Devenhopper

Address, 2225 Eough str.

Remarks, _____

18940001210

Any such person or persons who shall neglect to file this return, or who shall file a false return, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

54396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Girl. Mary

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 20, 1894.

4. Place of Birth, (Street and Number)

4413 Sumner Alley

5. Full Name of Mother,

Elizabeth Grill

6. Mother's Maiden Name,

Behrmann

7. Mother's Birthplace,

John Grill

8. Full Name of Father,

Taylor

9. Father's Occupation

10. Father's Birthplace,

Behrmann

Name of Medical Attendant, or other person who makes this Return,

Mary Hopkins

Address,

No. 205 N. Washington St

Remarks,

18940001211

RETURN OF A BIRTH. 54397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white.*

3. Date of Birth, *July 3rd*

4. Place of Birth, (Street and Number) *622 W Lombard St.*

5. Full Name of Mother, *Minnie Maslin.*

6. Mother's Maiden Name, *-*

7. Mother's Birthplace, *-*

8. Full Name of Father, *-*

9. Father's Occupation, *-*

10. Father's Birthplace, *-*

Name of Medical Attendant, or other person who makes this Return, *Dr. Leonard M.D.*

Address, *622 W Lombard St.*

Remarks, *-*

1 8 9 4 0 0 1 2 1 2

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First-*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Black*
3. Date of Birth, *Feb. 3.*
4. Place of Birth, (Street and Number) *115 W. Lombard St.*
5. Full Name of Mother, *Hattie Pratt*
6. Mother's Maiden Name, *W.*
7. Mother's Birthplace, *—*
8. Full Name of Father, *—*
9. Father's Occupation, *—*
- Father's Birthplace, *C.S. Meer*
- Name of Medical Attendant, or other person who makes this Return, *115 W. Lombard St.*
- Address, *—*
- Remarks, *—*

1 8 9 4 0 0 0 1 2 1 3

RETURN OF A BIRTH. 54399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth, ...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother, ...

6. Mother's Maiden Name, ...

7. Mother's Birthplace, ...

8. Full Name of Father, ...

9. Father's Occupation, ...

10. Father's Birthplace, ...

Name of Medical Attendant, or other person who makes this Return.

Address, ...

Remarks, ...

18940001214

RETURN OF A BIRTH. 54400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- 11th
- of Child of Mother. (state whether 1st, 2d, 3d, &c.) Female
1. Sex, (state whether male or female) Black
2. Race or Color, (if not of the white race) Feb. 4
3. Date of Birth, 115 W. Lombard St.
4. Place of Birth, (Street and Number) Sarah Lewis
5. Full Name of Mother, Mrs.
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, C. S. Neer
- Name of Medical Attendant, or other person who makes this Return, 115 W. Lombard
- Address, —
- Remarks, —

1 8 4 4 0 0 0 1 2 1 5

RETURN OF A BIRTH. 54401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 4th '94

4. Place of Birth, (Street and Number)

Maple Wood Balt^o C^o

5. Full Name of Mother,

Mary Ream

6. Mother's Maiden Name,

" of Stahl

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Joseph Ream

9. Father's Occupation,

Gardener

10. Father's Birthplace,

Balt^o C^o

Name of Medical Attendant, or other person who makes this Return,

J. B. Hart M.D.

Address,

1815 Jefferson Ave

Remarks,

Marry of Stahl
Balt^o

8 9 4 0 0 0 1 2 1 6

RETURN OF A BIRTH. 52402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Febr: 4/94

4. Place of Birth, (Street and Number) 419 Bank Str. East Highlandtown

5. Full Name of Mother, Katharina Eber

6. Mother's Maiden Name, Schultzeis

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Eber

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Beisenhofer

Address, 2225 Gough St.

Remarks, _____

18940001217

RETURN OF A BIRTH. 54403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

Address,

Remarks,

1 8 9 4 0 0 0 1 2 1 8

RETURN OF A BIRTH. 54404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, February 4th
 4. Place of Birth, (Street and Number) W. 1st St. Baltimore
 5. Full Name of Mother, Elizabeth Bourgeois
 6. Mother's Maiden Name, Shaffer
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Charles Bourgeois
 9. Father's Occupation, Bricklayer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mrs. C. Traillstick
 Address, 2859. Kellton Avenue
 Remarks,

1 8 9 4 0 0 0 1 2 1 9

RETURN OF A BIRTH. 54405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this report

Address, (142) E. Pratt St.

Remarks,

1 8 9 4 0 0 0 1 2 2 0

RETURN OF A BIRTH. 54406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 1 2 2 1

RETURN OF A BIRTH. 524407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) First
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Feb 5th 94
 4. Place of Birth, (Street and Number) 243 N Chase St
 5. Full Name of Mother, Martha Simpson
 6. Mother's Maiden Name, Jenkins
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John A Simpson
 9. Father's Occupation, Breadmaker
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, C. H. Seligman M.D.
 Address, 1501 S. Bayard St
 Remarks,

1 8 4 4 0 0 0 1 2 2 2

RETURN OF A BIRTH. 57408 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Feb 5

4. Place of Birth, (Street and Number) 1403 S. Charles St

5. Full Name of Mother, Margie M Shultz

6. Mother's Maiden Name, " Cann

7. Mother's Birthplace, Balt

8. Full Name of Father, John B Shultz

9. Father's Occupation, Locomotive Engineer

10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, Katie Murch
or other person who makes this Return.

Address, 800 Linden Hall Street

Remarks, _____

1 8 9 4 0 0 0 1 2 2 3

RETURN OF A BIRTH. 54409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child
 2. Sex, (state whether male or female) Male
 3. Race or Color, (if not of the white race) White
 4. Date of Birth, 5th February
 5. Place of Birth, (Street and Number) 13 Health St
 6. Full Name of Mother, Marionette S. Watts
 7. Mother's Maiden Name, Marquette S. Little
 8. Mother's Birthplace, Ba. Co.
 9. Full Name of Father, Charles S. Watts
 10. Father's Occupation, W. Man
 11. Father's Birthplace, Howard County
 Name of Medical Attendant, or other person who makes this Return, Mrs. C. H. Brooks
 Address, 1828 Light St
 Remarks, Living Well
 1 8 4 4 0 0 0 1 2 2 4

RETURN OF A BIRTH. 54410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 5 94

4. Place of Birth, (Street and Number) 707 E. Biddle St

5. Full Name of Mother, Carrie Slaysman

6. Mother's Maiden Name, Fisher

7. Mother's Birthplace, Md.

8. Full Name of Father, Mess. Slaysman

9. Father's Occupation, Patrolman

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Robinson, M.D.

Address, 706 E. Biddle St.

Remarks,

18940001225

RETURN OF A BIRTH. 54411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother. (state whether 1st, 2d, 3d, &c.)

8

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth.

Feb 5th 1894

5. Place of Birth, (Street and Number)

2410 Druid Hill Av.

6. Full Name of Mother,

Rosealie Canfield

7. Mother's Maiden Name,

Hamilton

8. Mother's Birthplace,

MD
Albert W. Canfield

9. Full Name of Father,

10. Father's Occupation,

Painter
S.C.

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

M. H. Carter MD

Address,

500 Mt. Baltimore St.

Remarks,

18940001226

RETURN OF A BIRTH. 54412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, Feb. 5, 1894
 4. Place of Birth, (Street and Number) 85-8 Lyson St
 5. Full Name of Mother, Selia Ambros
 6. Mother's Maiden Name, Smith
 7. Mother's Birthplace, Princeanns Md
 8. Full Name of Father, Wm Ambros
 9. Father's Occupation, Cookman
 10. Father's Birthplace, City
 Name of Medical Attendant, or other person who makes this Return, Wm C Jones
 Address, 1121 Sadatoga St
 Remarks,

18940001227

RETURN OF A BIRTH. 54413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
 1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *colored*
 3. Date of Birth, *Feb 5. 1894*
 4. Place of Birth, (Street and Number) *816 Woodward st*
 5. Full Name of Mother, *Sarah Smith*
 6. Mother's Maiden Name, *Lynn*
 7. Mother's Birthplace, *Washington, D.C.*
 8. Full Name of Father, *Wm Smith*
 9. Father's Occupation, *lawyer*
 10. Father's Birthplace, *Martinsville, Va*
 Name of Medical Attendant, or other person who makes this Return, *Mary E Jones*
 Address, *1121 Parakee st*
 Remarks.

1 8 9 4 0 0 0 1 2 2 8

RETURN OF A BIRTH. 54414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *February 5/94.*
4. Place of Birth, (Street and Number) *Lagester St. No. 1615.*
5. Full Name of Mother, *Mary Brachniewska.*
6. Mother's Maiden Name, *Medhen*
7. Mother's Birthplace, *Poland.*
8. Full Name of Father, *Joseph Broka.*
9. Father's Occupation, *Poland*
10. Father's Birthplace, *Doerland*
11. Name of Medical Attendant, or other person who makes this Return, *Agnes Rodolna.*
- Address, *Thames St. No. 1635.*
- Remarks, *Legat.*

1 6 9 4 0 0 0 1 2 2 9

RETURN OF A BIRTH. 54415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb. 5, 1894
4. Place of Birth, (Street and Number) Wid. Lyng in Hosp.
5. Full Name of Mother, Mallie Sumrick
6. Mother's Maiden Name, "
7. Mother's Birthplace, Bessa City
8. Full Name of Father, Wm. Sumr.
9. Father's Occupation, "
10. Father's Birthplace, "
- Name of Medical Attendant, or other person who makes this Return, William Bonnton, M.D.
- Address, Wid. Lyng - in Hospital
- Remarks, "

1 8 9 4 0 0 0 1 2 3 0

RETURN OF A BIRTH. 54416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Feb 6.
 4. Place of Birth, (Street and Number) 1203 Kemble Street
 5. Full Name of Mother, Emma Lockwood
 6. Mother's Maiden Name, Emma Young
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Charles Lockwood
 9. Father's Occupation, Engineer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mrs E. Hamilton
 Address, 2379 Fulton Avenue
 Remarks, 18940001231

RETURN OF A BIRTH 544'7 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940001232

RETURN OF A BIRTH. 54418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Febr. 6/94

4. Place of Birth, (Street and Number) 2021 E. Lombard Str.

5. Full Name of Mother, Dorothea Windelkamm

6. Mother's Maiden Name, " Schaedel

7. Mother's Birthplace, Beolto

8. Full Name of Father, Fred. Windelkamm

9. Father's Occupation, Cigar-maker

10. Father's Birthplace, Beolto

Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenhofer

Address, 2225 Gough St.

Remarks,

1 8 9 4 0 0 0 1 2 3 3

RETURN OF A BIRTH.

54419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

February 6, 1894

4. Place of Birth, (Street and Number)

1304 Annapolis St

5. Full Name of Mother

Elizabeth D. Harcourt

6. Mother's Maiden Name

Knight

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm. M. Harcourt

9. Father's Occupation

Book reader

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other person who makes this Return.

J. D. Crouch, M.D.

Address

Bay & Wilcox

Remarks

1 8 9 4 0 0 0 1 2 3 4

RETURN OF A BIRTH. 54420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 6/94

4. Place of Birth, (Street and Number)

303 No. Caroline St.

5. Full Name of Mother,

Louise Ball

6. Mother's Maiden Name,

Luphimer

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Max Ball

9. Father's Occupation,

Sailorman

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other person who makes this Return.

J. H. Lehighman M.D.

Address,

Remarks,

8 9 4 0 0 0 1 2 3 5

RETURN OF A BIRTH. 57421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth. 16 February
 4. Place of Birth, (Street and Number) 1005 Broadway St
 5. Full Name of Mother. Annie Helene
 6. Mother's Maiden Name, Annie Miller
 7. Mother's Birthplace, Ills
 8. Full Name of Father, Henry J. Helene
 9. Father's Occupation, Lib
 10. Father's Birthplace, Virginia
 Name of Medical Attendant, or other person who makes this Return. Dr. J. L. Jones
 Address, 1578 Light St
 Remarks, Living Well

1 8 9 4 0 0 0 1 2 3 6

RETURN OF A BIRTH. 54422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, February 6, 1894.

4. Place of Birth, (Street and Number) 431 Roland av.

5. Full Name of Mother, May Agnes E. Rourke

6. Mother's Maiden Name, Lorion.

7. Mother's Birthplace, Ind.

8. Full Name of Father, John J. Rourke.

9. Father's Occupation, Census.

10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut cor.

Remarks, _____

18940001237

With the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Feb. 6
4. Place of Birth, (Street and Number) 706 South George Street
5. Full Name of Mother, Mary Johnston
6. Mother's Maiden Name, Bolton
7. Mother's Birthplace, Berwick County, Md.
8. Full Name of Father, Frank Johnston
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Nettie Minch
- Address, 800 Leadenhall Street
- Remarks, _____

1 8 9 4 0 0 0 1 2 3 8

RETURN OF A BIRTH. 54424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, July 6
 4. Place of Birth, (Street and Number) 1105 William St
 5. Full Name of Mother, Kathie Kelly
 6. Mother's Maiden Name, Rolland
 7. Mother's Birthplace, St. Louis, Mo.
 8. Full Name of Father, Lester Kelly
 9. Father's Occupation Iron - Trade
 10. Father's Birthplace, City
 Name of Medical Attendant, or other person who makes this Return, J. B. Smith M.D.
 Address, 571 Hanover St
 Remarks,

1 8 9 4 0 0 0 1 2 3 9

RETURN OF A BIRTH. 54425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 6th 1914

4. Place of Birth, (Street and Number) Staveland Bldg. Barclay St.

5. Full Name of Mother, Kate M^{rs} Green

6. Mother's Maiden Name, Ryan

7. Mother's Birthplace, Ireland

8. Full Name of Father, Thomas J. M^{rs} Green

9. Father's Occupation, Garage collector

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, J. B. Hart M.D.

Address, 1815 Jefferson Ave

Remarks, 18 Staveland Bldg
Md.

T 8 9 4 0 0 0 1 2 4 0

RETURN OF A BIRTH. 54426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *July 6.*

4. Place of Birth, (Street and Number) *5-01 Parish alley.*

5. Full Name of Mother, *Kate Davis.*

6. Mother's Maiden Name, *-*

7. Mother's Birthplace, *-*

8. Full Name of Father, *-*

9. Father's Occupation, *-*

10. Father's Birthplace, *-*

Name of Medical Attendant, *O. B. Stone M.D.*

Address, *622 W. Lombard St.*

Remarks, *-*

8940001241

Noted to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 7th 1894

4. Place of Birth, (Street and Number) 705 Hanover St.

5. Full Name of Mother, Kate E. Krause

6. Mother's Maiden Name, Kate E. Healy

7. Mother's Birthplace, Balto

8. Full Name of Father, Frederick A. Krause

9. Father's Occupation, Undertaker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Katie M. Rosen

Address, See Leadenhall Street

Remarks, _____

8940001242

RETURN OF A BIRTH. 54428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7th of February 94

4. Place of Birth, (Street and Number) 2084 Frederick Av.

5. Full Name of Mother, Katie Edmund

6. Mother's Maiden Name, Katie Keenan

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Edmund

9. Father's Occupation, Harmonischer.

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Dr. Frederick Hecker Midwife

Address, 211 West Pratt St.

Remarks,

1 8 9 4 0 0 0 1 2 4 3

GIVEN NAME ADDED 3-4-66

RETURN OF A BIRTH. 54429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Beatrice Adler
1st
of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 4th 1894
4. Place of Birth, (Street and Number) 1118 Mayfield Ave
5. Full Name of Mother, Bertie Adler
6. Mother's Maiden Name, Bertie Greenbaum
7. Mother's Birthplace, Baltimore
8. Full Name of Father, David Adler
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, D. S. Phillips M.D.
Address, 753 W. Lexington St.
Remarks,

18940001244

RETURN OF A BIRTH. 54430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

18940001245

RETURN OF A BIRTH. 54431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 7th 94

4. Place of Birth, (Street and Number) 777 Forest St.

5. Full Name of Mother, Kate Shaver

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Milton Shaver

9. Father's Occupation, Painter

10. Father's Birthplace, Chester Co. Pa

Name of Medical Attendant, or other person who makes this Return, W. B. Perry M.D.

Address, 700 E. E. Lane St.

Remarks,

8 9 4 0 0 0 1 2 4 6

RETURN OF A BIRTH. 54432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *Negro*
 3. Date of Birth, *Feb 7-1904*
 4. Place of Birth, (Street and Number) *1113 Brighton St.*
 5. Full Name of Mother, *Mary Elizabeth Clark Crawford*
 6. Mother's Maiden Name, *Mary E. Clark*
 7. Mother's Birthplace, *St. Marys Co. Md.*
 8. Full Name of Father, *Thomas H. Crawford*
 9. Father's Occupation, *driver*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *C. M. Cook M.D.*
 Address, *622 George St*
 Remarks,

18940001247

pen to the line of ten top dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *7 February*
4. Place of Birth, (Street and Number) *Scott Street No 1144*
5. Full Name of Mother, *Johanna Christiane Zscheuschler*
6. Mother's Maiden Name, *Johanna Christiane Schieffer*
7. Mother's Birthplace, *Heilbronn, Germany*
8. Full Name of Father, *Carl Ernst Zscheuschler*
9. Father's Occupation, *machinist*
10. Father's Birthplace, *Lomnitz, Germany*
11. Name of Medical Attendant, or other person who makes this Return, *Katie Schieffer*
- Address, *500 Leadenhall Street*
- Remarks,

8940001248

RETURN OF A BIRTH.

54434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 2, 1894

4. Place of Birth, (Street and Number) 202 W. 1st St.

5. Full Name of Mother, Pauline Rosstach

6. Mother's Maiden Name, Pauline Vater

7. Mother's Birthplace, Germany

8. Full Name of Father, Frederick Rosstach

9. Father's Occupation, Granite Manufacturer

10. Father's Birthplace, Germany

Name of Medical Attendant, Mrs. E. A. Brooks
or other person who makes this Return.

Address, 1828 Light St.

Remarks, Strong Well

18940001249

ected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother; (state whether 1st, 2d, 3d, &c.) III
1. Sex, (state whether male or female) Girl **MARIE CATHERINE GLUTH**
2. Race or Color, (if not of the white race) White
3. Date of Birth, Febr. 7/9 '1
4. Place of Birth, (Street and Number) III S. Bradford Str.
5. Full Name of Mother, Emma Gluth
6. Mother's Maiden Name, Zielke
7. Mother's Birthplace, Germany
8. Full Name of Father, Reinhold Gluth
9. Father's Occupation, sterendore
10. Father's Birthplace, Germany
- Name of Medical Attendant, Mrs. Deisenhofer
or other person who makes this Return.
- Address, 2225 Gough Str.
- Remarks, _____

18940001250

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, February 7, 1894.

4. Place of Birth, (Street and Number) 1922, McDearl Alley.

5. Full Name of Mother, Mary Hupka.

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany.

8. Full Name of Father, Joseph Hupka.

9. Father's Occupation, Cladding, Limmer.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mary Kopitish

Address, 8705 N Washington St

Remarks,

18940001251

ected to the fine of ten (10) dollars for each offence, to be recovered in all other fines and forfeitures are recoverable.

RETURN OF A BIRTH 54437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb. 7th 1894

4. Place of Birth, (Street and Number) 1144 Russell St.

5. Full Name of Mother, George Anna Johnson

6. Mother's Maiden Name, " " Brown

7. Mother's Birthplace, Kent Island Queen Anne's County Md.

8. Full Name of Father, William S. Johnson

9. Father's Occupation, Drayman

10. Father's Birthplace, Kent Island Queen Anne's County Md.

Name of Medical Attendant, or other person who makes this Return. Sarah A. Brown

Address, # 827 China St.

Remarks,

18940001252

RETURN OF A BIRTH. 54438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, (other person who makes this Return).

Address,

Remarks,

1 8 9 4 0 0 0 1 2 5 3

Subjected to the fine of ten, fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

54439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female).

Male
Colored

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 8-9-24

4. Place of Birth, (Street and Number)

225 Penna. Ave.

5. Full Name of Mother,

Annie Bacon

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

R. M. Larned M.D.

Address,

627 Lombard St.

Remarks,

8940001254

RETURN OF A BIRTH. 54440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first.*

1. Sex, (state whether male or female). *Female*

2. Race or Color, (if not of the white race). *White.*

3. Date of Birth, *July 8-94*

4. Place of Birth, (Street and Number). *622 W. Lombard St.*

5. Full Name of Mother, *Rosa Kaufman*

6. Mother's Maiden Name, *-*

7. Mother's Birthplace, *-*

8. Full Name of Father, *-*

9. Father's Occupation, *-*

10. Father's Birthplace, *-*

Name of Medical Attendant, or other person who makes this Return. *C. W. Larned, M.D.*

Address, *622 W. Lombard St.*

Remarks, *-*

8 9 4 0 0 0 1 2 5 5

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

M.

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

FEB. 8

4. Place of Birth, (Street and Number)

115 W. Lombard.

5. Full Name of Mother,

Rosa Brown

6. Mother's Maiden Name,

Germany

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

C. S. Neer

Address,

115 W. Lombard St.

Remarks,

8940001256

RETURN OF A BIRTH. 54442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 8. 1894
4. Place of Birth, (Street and Number) St. Vincent's Infant Asylum
5. Full Name of Mother, Charitine Ditz
6. Mother's Maiden Name, "
7. Mother's Birthplace, Ill
8. Full Name of Father, not known
9. Father's Occupation, "
10. Father's Birthplace, "
- Name of Medical Attendant, or other person who makes this Return, A. C. Quinn M.D.
- Address, 601 Seneca St.
- Remarks, "

8 9 4 0 0 0 1 2 5 7

RETURN OF A BIRTH. 54443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 8th February
 4. Place of Birth, (Street and Number) corner of Canton St. and Post St.
 5. Full Name of Mother, Mary Long
 6. Mother's Maiden Name, Brown
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John Long
 9. Father's Occupation, Labeler
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss.
 Address, Mrs. G. Weiss, 2522 Lancaster St.
 Remarks, _____

8 9 4 0 0 0 1 2 5 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (state whether male or female) *girl*

2. Race or Color, (if not of the white race) _____

3. Date of Birth. *8 February 1894*

4. Place of Birth, (Street and Number) *Richmond Lane*

5. Full Name of Mother, *Mary Lindelmann*

6. Mother's Maiden Name, *Thoffshetter*

7. Mother's Birthplace, *Ball.*

8. Full Name of Father, *Fritz Lindelmann*

9. Father's Occupation, *Gen.*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Anna Walker*

Address, *Anna Walker*

Remarks, *928 N. Cal. St.*

8940001259

RETURN OF A BIRTH. 54445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 of February
4. Place of Birth, (Street and Number) Chappel St. near W.ington St.
5. Full Name of Mother, Barbara Braun
6. Mother's Maiden Name, Wick
7. Mother's Birthplace, Balta.
8. Full Name of Father, John Braun
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss
- Address, 2522 Lancaster St.
- Remarks, _____

8 9 4 0 0 0 1 2 6 0

RETURN OF A BIRTH. 54447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth
 Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, Feb. 8, 1894
 4. Place of Birth, (Street and Number) 1027 Winckel St
 5. Full Name of Mother, Annie Smith
 6. Mother's Maiden Name, Rind
 7. Mother's Birthplace, Virginia
 8. Full Name of Father, Christain Smith
 9. Father's Occupation, Wheeler on street
 10. Father's Birthplace, Virginia
 Name of Medical Attendant, or other person who makes this Return, Mary E Jones
 Address, 1121 Saratoga St
 Remarks,

8 9 4 0 0 0 1 2 6 2

jected to the fine often (1) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54448 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, February 9, 1894.

4. Place of Birth, (Street and Number) 134 Chestnut Ave.

5. Full Name of Mother, Lizzie Bell Snellings

6. Mother's Maiden Name, Davis.

7. Mother's Birthplace, Md.

8. Full Name of Father, Gordon Benson Snellings.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Allen H. Mitchell M.D.

Address, 291 Chestnut Ave.

Remarks, Practitioner by 3rd.

8940001263

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines, and forfeitures are recoverable.

RETURN OF A BIRTH. 54449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 6 9 94

4. Place of Birth, (Street and Number) 2828 Lanvale St

5. Full Name of Mother, Louisa Taylor

6. Mother's Maiden Name, Louisa McCaskey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm Wilson Grant Taylor

9. Father's Occupation, Book Binder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J. Doregan

Address, 2847 Lanvale St

Remarks,

8940001264

RETURN OF A BIRTH. 54450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Feb'y 9th 1894*
 4. Place of Birth, (Street and Number) *111 Penn St.*
 5. Full Name of Mother, *Anna M. Crouch*
 6. Mother's Maiden Name, *Crouch*
 7. Mother's Birthplace, *Balto.*
 8. Full Name of Father, *Wm. Crouch*
 9. Father's Occupation, *Actor*
 10. Father's Birthplace, *Balto.*
 Name of Medical Attendant, or other person who makes this Return, *A. W. Weber, M.D.*
 Address, *723 W. Lombard St.*
 Remarks, *Natural Labor.*

8940001265

RETURN OF A BIRTH. 34457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 9th February

4. Place of Birth, (Street and Number) 1191 Robinson St

5. Full Name of Mother, Delia R. Bell

6. Mother's Maiden Name, " " Bradford

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Leonard J. Bell

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, New Liebermann

Address, 1225 Hare

Remarks, 8940001266

RETURN OF A BIRTH. 54432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Males

2. Race or Color, (if not of the white race) Col. Female

3. Date of Birth, 2nd Feb. 1894

4. Place of Birth, (Street and Number) St. Dallas St. 724

5. Full Name of Mother; Emilie Braun

6. Mother's Maiden Name, Fink

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Braun

9. Father's Occupation, Carriage

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Marie Press

Address, S. Bond St. 238

Remarks,

8940001267

RETURN OF A BIRTH. 54453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Feb 7, 1894*
 4. Place of Birth, (Street and Number) *2427 Foster Ave.*
 5. Full Name of Mother, *Mrs. Marion*
 6. Mother's Maiden Name, *Mary Horne*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *George Marion*
 9. Father's Occupation, *Plumber*
 10. Father's Birthplace, *Bald*
 Name of Medical Attendant, or other person who makes this Return, *Mary L. Trayner*
 Address, *824 Canton St.*
 Remarks,

8940001268

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 9th Feb 94

4. Place of Birth (Street and Number) 416 W. Chase St

5. Full Name of Mother, Rosa Augusta Spaff

6. Mother's Maiden Name, " Hallbert

7. Mother's Birthplace, Laurel Ind

8. Full Name of Father, John H. Hallbert

9. Father's Occupation, Carpenter

● Father's Birthplace, Balto Ind

Name of Medical Attendant, or other person who makes this Return, Mrs. Elizabeth Jewell

Address, 436 East Ave Baltimore

Remarks,

8940001269

RETURN OF A BIRTH. 54453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 Feb

4. Place of Birth, (Street and Number) 603 Lee St

5. Full Name of Mother, Mrs. Mitchell

6. Mother's Maiden Name, Marie Dumorty

7. Mother's Birthplace, Washington

8. Full Name of Father, William B. Mitchell

9. Father's Occupation, Piano Polisher

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. E. H. Brooks

Address, 1839 Light St

Remarks, Very Well

1 8 9 4 0 0 0 1 2 7 0

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) C

3. Date of Birth, Feb 9 - 94

4. Place of Birth, (Street and Number) 34 Hoppel St.

5. Full Name of Mother, Marie Smith

6. Mother's Maiden Name, -

7. Mother's Birthplace, -

8. Full Name of Father, -

9. Father's Occupation, -

10. Father's Birthplace, -

Name of Medical Attendant, or other person who attended this birth, C W Larned M.D.

Address, 627 W. Lombard St.

Remarks, -

8940001271

Penalty to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940001272

RETURN OF A BIRTH. 54458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) black

3. Date of Birth, Feb 9th 1894

4. Place of Birth, (Street and Number) Md. Lying in Hospital

5. Full Name of Mother, Lester Boker

6. Mother's Maiden Name, cs

7. Mother's Birthplace, Md

8. Full Name of Father, unknown

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Wilmer Boniton, M.D.

Address, Md. Lying in Hospital

Remarks, _____

8 4 4 0 0 0 1 2 7 3

RETURN OF A BIRTH. 54459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female,

2. Race or Color, (if not of the white race) white,

3. Date of Birth, February 9th, 1894

4. Place of Birth, (Street and Number) 4607 E. Pratt St

5. Full Name of Mother, Sophia Henker,

6. Mother's Maiden Name, Fredlicht,

7. Mother's Birthplace, Germany

8. Full Name of Father, August Henker,

9. Father's Occupation, Saloon-keeper,

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. M. H. [Signature]

Address, No. 721 Columbia Ave.

Remarks,

8940001274

RETURN OF A BIRTH. 54460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth, February th 9. 1894.

4. Place of Birth, (Street and Number) N 817 Shroder st.

5. Full Name of Mother, Mary Kotolek

6. Mother's Maiden Name,

7. Mother's Birthplace, Germanie

8. Full Name of Father, Charles Kotolek

9. Father's Occupation, Taylor

10. Father's Birthplace, Germanie

Name of Medical Attendant, or other person who makes this Return.

Mary Kopitash

Address, N 205 N Washington st

Remarks,

18940001275



GIVEN NAME ADDED 2-20-59
RETURN OF A BIRTH. 54461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Addie Cooper

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb. 9, 1894

4. Place of Birth, (Street and Number) 316 S. Exeter St.

5. Full Name of Mother, Sophie Cooper

6. Mother's Maiden Name, Bernoff

7. Mother's Birthplace, Russia

8. Full Name of Father, James Cooper

9. Father's Occupation, Real Estate Brokers

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, J. H. Metnick, wife.

Address, 406 S. Exeter St.

Remarks,

8940-01276

RETURN OF A BIRTH. 54462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Ninth*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Feb 10th 94*
 4. Place of Birth, (Street and Number) *536 W. Cassle St*
 5. Full Name of Mother, *Mary C. Brumwell*
 6. Mother's Maiden Name, *Rehlin*
 7. Mother's Birthplace, *Balto*
 8. Full Name of Father, *Am L. Brumwell*
 9. Father's Occupation, *Bricklayer*
 10. Father's Birthplace, *Balto*
 Name of Medical Attendant, or other person who makes this Return, *Dr W. Seligman M.D.*
 Address, *1501 S. Bayview St*
 Remarks,

8940001277

RETURN OF A BIRTH. 54463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Feb 10th 94
 4. Place of Birth, (Street and Number) 1216 Carver St
 5. Full Name of Mother, Mattilda Seebode
 6. Mother's Maiden Name, Bick
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Charles Seebode
 9. Father's Occupation, Care Marine
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, W B Perry M.D.
 Address, 500 E. E. Lane St.
 Remarks, _____

8940001278

present in the and often the initials of each officer, to be recovered as other dues and forfeitures are recoverable.



RETURN OF A BIRTH. 54464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....*2*
1. Sex, (state whether male or female).....*Female*
2. Race or Color, (if not of the white race).....*White*
3. Date of Birth,.....*10 February 1894*
4. Place of Birth, (Street and Number).....*Frederick St. Extension 752*
5. Full Name of Mother,.....*Sara Ann Caff*
6. Mother's Maiden Name,.....*Sara May Powers*
7. Mother's Birthplace,.....*Baltimore, Md*
8. Full Name of Father,.....*John Caff*
9. Father's Occupation,.....*Stone Cutter*
10. Father's Birthplace,.....*Baltimore, Md*
- Name of Medical Attendant, or other person who makes this Return.....*Annie Lindner*
- Address,.....*No. 16. S. Monroe St*
- Remarks,.....

8 9 4 0 0 0 1 2 7 9

Penalty for each offense, to recover, as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 10th Feb 1894
4. Place of Birth, (Street and Number) 902 N Bond st
5. Full Name of Mother, Elizabeth Fath
6. Mother's Maiden Name, Baker
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank Fath
9. Father's Occupation, Cutter
10. Father's Birthplace, Balt
- Name of Medical Attendant, or other person who makes this Return, Mrs Julia Greene
- Address, 944 N Gay st
- Remarks, _____

1 8 9 4 0 0 0 1 2 8 0

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 10/94

4. Place of Birth, (Street and Number) 102 S. Wolf str.

5. Full Name of Mother, Annie Punte

6. Mother's Maiden Name, Zurborg

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Punte

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough str.

Remarks, 1894000128

RETURN OF A BIRTH. 54467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
- Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb. 10 1894
4. Place of Birth, (Street and Number), 702 E. Chas. St.
5. Full Name of Mother, Mollie McCleary
6. Mother's Maiden Name, Clifford
7. Mother's Birthplace, Maine
8. Full Name of Father, Edwardes, McCleary
9. Father's Occupation, R.R. Fireman
10. Father's Birthplace, Balt. Md.
- Name of Medical Attendant, or other person who makes this Return, J. S. Mittenrich M.D.
- Address, 406 N. Euter St.
- Remarks,

54467

When this form is filled out, it is to be kept in the office of the Registrar of Vital Statistics, and the certificate is to be returned to the Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH. 54468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 10 1894*

4. Place of Birth, (Street and Number) *111 1/2 Madison St*

5. Full Name of Mother, *Kate Wagner*

6. Mother's Maiden Name, *Kate Stettin Miller*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George Wagner*

9. Father's Occupation, *Cigar Maker*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other person who makes this Return, *Dr. C. S. Draper*

Address, *187 1/2 E. 1st St*

Remarks, *Living Well*

1 8 9 4 0 0 0 1 2 8 3

RETURN OF A BIRTH. 54469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *10. February.*
4. Place of Birth, (Street and Number) *304 Ben's street.*
5. Full Name of Mother, *Alga Bergeron*
6. Mother's Maiden Name, *Fennell*
7. Mother's Birthplace, *Germany.*
8. Full Name of Father, *Harman Bergeron*
9. Father's Occupation, *Labrer*
10. Father's Birthplace, *Germany.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs J. P. Siesemann*
- Address, *1225 Hart street*
- Remarks, _____

3940001284

Return of a Birth. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

RETURN OF A BIRTH. 54470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 10, 1894.

4. Place of Birth, (Street and Number) N. 130. N. Bradford St

5. Full Name of Mother, Mary Harris

6. Mother's Maiden Name, Gearhamie

7. Mother's Birthplace, Joe Harris

8. Full Name of Father, Taylor

9. Father's Occupation, Gearhamie

10. Father's Birthplace, Mary Kaptich

Name of Medical Attendant, or other person who makes this Return, 205 N Washington St

Address, Remarks,

18940001285

RETURN OF A BIRTH. 54471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Feb. 10. 1894.
 4. Place of Birth, (Street and Number) 915 Grandy St.
 5. Full Name of Mother, Anna Richter
 6. Mother's Maiden Name, England
 7. Mother's Birthplace, England
 8. Full Name of Father, Louis Richter
 9. Father's Occupation, Europe
 10. Father's Birthplace, Europe
 Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein
 Address, 122 S. Exeter St.
 Remarks,

8440001286

Read to the end of (thirty) lines for each of lines, to be recovered as other lines and forfeitures are recoverable.

A

RETURN OF A BIRTH.

54472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

20

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

White

3. Date of Birth.

February 10 94

4. Place of Birth, (Street and Number).

1376 Hillman St

5. Full Name of Mother,

F. Hughes

6. Mother's Maiden Name,

F. Ochs

7. Mother's Birthplace,

Id.

8. Full Name of Father,

Michael J. Hughes

9. Father's Occupation,

Pat. Engineer

10. Father's Birthplace,

Id.

Name of Medical Attendant, or other person who makes this Return.

J. Robinson M.D.

Address,

1376 E. Preston St

Remarks,

8940001287

Subject to the fine of ten (\$10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

54473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d.

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 10, 1894.

4. Place of Birth, (Street and Number)

1500. Canton Ave.

5. Full Name of Mother,

Cassius Nedzwick

6. Mother's Maiden Name,

Bohemanie

7. Mother's Birthplace,

Helena Nedzwick

8. Full Name of Father,

Taylor

9. Father's Occupation

Bohemanie

10. Father's Birthplace,

Name of Medical Attendant,

or other person who makes this Return,

Mary Koplish

Address,

N 205 N Washington.

Remarks,

8940001288

A. RETURN OF A BIRTH. 54474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 11 / 94
4. Place of Birth, (Street and Number) 244 Marshall Ave.
5. Full Name of Mother, Christina Lomahan
6. Mother's Maiden Name, " Wade
7. Mother's Birthplace, Balt.
8. Full Name of Father, James Lomahan
9. Father's Occupation, Car Conductor
10. Father's Birthplace, Balt.
Name of Medical Attendant, or other person who makes this Return, C. L. Boddentohn
Address, 418 S. Pacar St.
Remarks,

8940001289

A

RETURN OF A BIRTH. 54475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 11

4. Place of Birth, (Street and Number) 1811 St. James St

5. Full Name of Mother, Annie Lagan

6. Mother's Maiden Name, Stacy

7. Mother's Birthplace, City

8. Full Name of Father, Thos. Lagan

9. Father's Occupation, Police man

10. Father's Birthplace, City

Name of Medical Attendant, Dr. J. H. Lagan
or other person who makes this Return.

Address, 1811 St. James St

Remarks,

18940001290

A.

RETURN OF A BIRTH. 54476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. 6 child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. 11 February

4. Place of Birth, (Street and Number) 1918 Hancock St

5. Full Name of Mother, Clarence Smith

6. Mother's Maiden Name, Mary Smith

7. Mother's Birthplace, Balto

8. Full Name of Father, William J. Smith

9. Father's Occupation, Furniture Dealer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, W. C. Brooks

Address, 1828 Light St

Remarks, Being Still

1 8 9 4 0 0 0 1 2 9 1

RETURN OF A BIRTH 54477

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

Date of Birth,

Feb 11 1894

Place of Birth, (Street and Number)

215 N Collington Ave

Full Name of Mother,

Mary Elizabeth Heppman

Mother's Maiden Name,

Valz

Mother's Birthplace,

Balto. City

Full Name of Father,

Frank Heppman

Father's Occupation,

Garment Cutter

Father's Birthplace,

Balto. City

Name of Medical Attendant,

or other Person who makes this Return

J. H. Leachberg

Address,

1820 E Balto St

Remarks,

54477

AND STATISTIANS

A.

GIVEN NAME ADDED, 1-7-59
 RETURN OF A BIRTH. 54478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Samuel William James White
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 11. 194

4. Place of Birth, (Street and Number)

1808 Wilkins Ave.

5. Full Name of Mother,

Lizzie White

6. Mother's Maiden Name,

Griffin

7. Mother's Birthplace,

Washington

8. Full Name of Father,

Wm. White

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

J. L. Buddenbourn

Address,

418 S. Paca St.

Remarks,

8940001293

5-4479 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 73 84
 of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female) *Males*
 2. Race or Color, (if not of the white race)
 3. Date of Birth, *11th Feb 1894*
 4. Place of Birth, (Street and Number) *102 Price Court*
 5. Full Name of Mother, *Jane Mc Ginn*
 6. Mother's Maiden Name, *" Herd*
 7. Mother's Birthplace, *England*
 8. Full Name of Father, *Patrick Mc Ginn*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Ireland*
 Name of Medical Attendant, or other person who makes this Return, *Mrs Julia Ginn*
 Address, *944 N Gay St*
 Remarks,

8940001294

RETURN OF A BIRTH. 54480



To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 11-

4. Place of Birth, (Street and Number) 415 E. Hawkey St

5. Full Name of Mother, Mary Schofield

6. Mother's Maiden Name, Kemp

7. Mother's Birthplace, New York

8. Full Name of Father, Chas. Schofield

9. Father's Occupation, Engineer

10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return, J. C. Benson M. D.

Address, 511 W. Main St

Remarks, _____

8 9 4 0 0 0 1 2 9 5

RETURN OF A BIRTH. 54481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 0
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 11
4. Place of Birth, (Street and Number) 617 Cornhill Street
5. Full Name of Mother, Elizabeth Morney
6. Mother's Maiden Name, Elizabeth Smith
7. Mother's Birthplace, Va.
8. Full Name of Father, Zackariah Morney
9. Father's Occupation, Laboring Work
10. Father's Birthplace, Va.
- Name of Medical Attendant, or other person who makes this Return, Harner Hatchell
- Address, 609 Cornhill Street
- Remarks,

1 0 9 4 0 0 0 1 2 9 6

A

RETURN OF A BIRTH. 54482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth. Feb 11th 94

4. Place of Birth, (Street and Number) Waverly Bldg. Ma

5. Full Name of Mother. Sadie E. Yaker

6. Mother's Maiden Name. Crooks

7. Mother's Birthplace. Balt. C.

8. Full Name of Father. John L. Yaker

9. Father's Occupation. Teacher

10. Father's Birthplace. Maryland

Name of Medical Attendant, or other person who makes this return. Dr. Hart Ma

Address, 615 Jefferson Ave

Remarks, 18 Waverly Bldg. Ma

0940001297

RETURN OF A BIRTH. 54483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female
white

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

FEB-11, 94

4. Place of Birth, (Street and Number)

113 W. Lombard St

5. Full Name of Mother,

Laura Jane Foster

6. Mother's Maiden Name,

nee

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

C.S. Keen

Name of Medical Attendant, or other person who makes this Return,

113 W. Lombard St

Address,

Remarks,

18940001296

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A

RETURN OF A BIRTH. 54484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *22 of February*
4. Place of Birth, (Street and Number) *2012 Baring St.*
5. Full Name of Mother, *Mary Green*
6. Mother's Maiden Name, *Landers*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *John Green*
9. Father's Occupation, *Labeler*
10. Father's Birthplace, *Balto.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. J. Weiss*
- Address, *2522 Lancaster St.*
- Remarks, _____

8940001299



RETURN OF A BIRTH. 54485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 12th

4. Place of Birth, (Street and Number) 1841 E. Euter street

5. Full Name of Mother, Francis Eder

6. Mother's Maiden Name, Francis Desch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andrew Eder

9. Father's Occupation, Cropper - Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Brown

Address, 1605 N. Euter street

Remarks, _____

1 8 9 4 0 0 0 1 3 0 0

RETURN OF A BIRTH. 54486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Feb. 12 1894

4. Place of Birth, (Street and Number)

1711 W. Lexington

5. Full Name of Mother,

Mary Harper

6. Mother's Maiden Name,

Fenton

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank L. Harper

9. Father's Occupation

Manufacturer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

M. H. Carter M.D.

Address,

1800 W. Baltimore St.

Remarks,

18940001301

CERTIFICATE CORRECTED 7-28-19

RETURN OF A BIRTH



To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name Added 7-23-59 54487
Name: Cecelia Dorothy Schmitt Schmitt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, 12. Febr. 94

4. Place of Birth, (Street and Number) 5 Penn St.

5. Full Name of Mother, Louisa (Schmidt) Schmitt

6. Mother's Maiden Name, Louisa Hengemühle

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Francis (Schmidt) Schmitt

9. Father's Occupation, moulder

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Rose Hoffmann

Address, 502 W. Fayette St

Remarks, Filed Feb. 1894.

8440001302

D

RETURN OF A BIRTH. 54488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Girl's
(White)

2. Race or Color, (if not of the white race)

3. Date of Birth, January 12, 1894.

4. Place of Birth, (Street and Number) 212. Monford Ave.

5. Full Name of Mother, Mary Kalisa.

6. Mother's Maiden Name,

7. Mother's Birthplace, Bohemianie.

8. Full Name of Father, John Kalisa.

9. Father's Occupation, Taylor.

10. Father's Birthplace, Bohemianie.

Name of Medical Attendant, or other person who makes this Return, Mary Koptish

Address, 205 N. Washington St.

Remarks,

18940001303

RETURN OF A BIRTH. 54489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Febr. 12, 1899
 4. Place of Birth, (Street and Number) 115 S. Exeter str
 5. Full Name of Mother, Chasse Feniberg
 6. Mother's Maiden Name, Europe
 7. Mother's Birthplace, Morris Feniberg
 8. Full Name of Father, Tailor
 9. Father's Occupation, Europe
 10. Father's Birthplace, Mrs. Cecile Bernstein
 Name of Medical Attendant, or other person who makes this Return, 122 S. Exeter str
 Address, 122 S. Exeter str
 Remarks, 18940001304

RETURN OF A BIRTH. 54490
 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 12 February 1894
 4. Place of Birth, (Street and Number) 2001 Canton av
 5. Full Name of Mother, Mary Mc Korn
 6. Mother's Maiden Name, Mary Fawcett
 7. Mother's Birthplace, Ireland
 8. Full Name of Father, Mr Korn
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Ireland
 Name of Medical Attendant, or other person who makes this Return, Ellen Smith
 Address, 504 So Washington
 Remarks, 1 Month Birth

8940001305

GIVEN NAME ADDED 4-26-60

RETURN OF A BIRTH 54491

A

To the Registrar of Vital Statistics, Board of Health, Baltimore City.

Carter Hasner

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14 of February 1894

4. Place of Birth, (Street and Number) 2409 Eastern Avenue

5. Full Name of Mother, Balasa Hasner

6. Mother's Maiden Name, Schmeiser

7. Mother's Birthplace, Balto

8. Full Name of Father, Peter Hasner

9. Father's Occupation, Labeler

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Weiss

Address, 2522 Lancaster St

Remarks,

1 0 4 4 0 0 0 1 3 0 6

A

RETURN OF A BIRTH. 54492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 14th 1894

4. Place of Birth, (Street and Number) Waverly Bact^o

5. Full Name of Mother, Mauf A Boudell

6. Mother's Maiden Name, Thompson

7. Mother's Birthplace, Bact^o

8. Full Name of Father, A. J. Boudell

9. Father's Occupation, Clerk

10. Father's Birthplace, Bact^o

Name of Medical Attendant, or other person who makes this Return, J. B. Hart M. D.

Address, # 813 Jefferson Ave

Remarks, Waverly Bact^o

1 3 9 4 0 0 0 1 3 0

Over

RETURN OF A BIRTH. 54493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Kraus
 N. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex, (state whether male or female). Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 25 of February
 4. Place of Birth, (Street and Number) 28 12, Biddle St
 5. Full Name of Mother, Barbara (Barbara) (Kraus) Kraus
 6. Mother's Maiden Name, Kraus
 7. Mother's Birthplace, Balt.
 8. Full Name of Father, Samuel (Samuel) Kraus
 9. Father's Occupation, Labels
 10. Father's Birthplace, Balt.
 Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss
 Address, 2522 Lancaster St.
 Remarks, _____

8440001308

RETURN OF A BIRTH. 54494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 17 - 94

4. Place of Birth, (Street and Number) 1137 S. Eutam. St.

5. Full Name of Mother, Lena N. Russell

6. Mother's Maiden Name, Luss.

7. Mother's Birthplace, Balt.

8. Full Name of Father, Wm. H. Russell

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. M. Humphreys M.D.

Address, 414 S. Paca St.

Remarks,

2940001309

A.

RETURN OF A BIRTH. 54495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth child1. Sex, (state whether male or female) Female2. Race or Color, (if not of the white race) White3. Date of Birth, February 174. Place of Birth, (Street and Number) Baltimore Md. 1806 St. Delac5. Full Name of Mother, Anna Young6. Mother's Maiden Name, Anna Lang7. Mother's Birthplace, Baltimore Md8. Full Name of Father, Joseph Young9. Father's Occupation, Painter10. Father's Birthplace, Baltimore MdName of Medical Attendant, or other person who makes this Return, Mrs. M. FosterAddress, 1600 East Lanvale st

Remarks, _____

RETURN OF A BIRTH. 54496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Febr. 18. 1894

4. Place of Birth, (Street and Number) 19 S. Exeter str

5. Full Name of Mother, Sara Bernstein

6. Mother's Maiden Name, Exenrope

7. Mother's Birthplace, Europe

8. Full Name of Father, Louis Bernstein

9. Father's Occupation, Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Bernstein

Address, 122 S. Exeter str

Remarks, _____

4940001311



RETURN OF A BIRTH 54497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *February 18. 1894.*
4. Place of Birth (Street and Number), *836 Disqueith St.*
5. Full Name of Mother, *Fannie Wolman*
6. Mother's Maiden Name, *" Schrader*
7. Mother's Birthplace, *London England*
8. Full Name of Father, *Solomon Wolman*
9. Father's Occupation, *Grocery & Provision Dealer.*
10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

202 Disqueith St.
2 9 4 0 0 0 1 3 1 2



RETURN OF A BIRTH. 54498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

19 February 1894

4. Place of Birth, (Street and Number)

816 W. Madison Street

5. Full Name of Mother,

Beatrice Eaton

6. Mother's Maiden Name,

Beatrice Gallagher

7. Mother's Birthplace,

Baltimore, M.d.

8. Full Name of Father,

John Eaton

9. Father's Occupation,

Glass Worker

10. Father's Birthplace,

Baltimore, M.d.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Hunter

Address,

23 N. Poppleton St.

Remarks,

940001313

RETURN OF A BIRTH. 54499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, February 12th 1873

4. Place of Birth, (Street and Number) No 509 Friedrich Ave.

5. Full Name of Mother, Louisa Kammann

6. Mother's Maiden Name, Louisa Murbach

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Kammann

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, _____

Remarks, _____

54499

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A.

RETURN OF A BIRTH. 54500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb. 19, 1894
4. Place of Birth, (Street and Number) 1506 Bolton St.
5. Full Name of Mother, Jennie E. Bowes
6. Mother's Maiden Name, Warrock
7. Mother's Birthplace, Ireland
8. Full Name of Father, Joseph Bowes
9. Father's Occupation, Manager Insur. Co.
10. Father's Birthplace, Ireland
Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill
Address, 1103 Madison Avenue
Remarks, one month and four days prematurely but thriving at 2 weeks of age.
2 9 4 0 0 0 1 3 1 5

RETURN OF A BIRTH. 54501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*
 1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *colored*
 3. Date of Birth, *20 Feb. 1894*
 4. Place of Birth, (Street and Number) *1148 Plummer st*
 5. Full Name of Mother, *Lizzie Gardner*
 6. Mother's Maiden Name, *W. Jacobs*
 7. Mother's Birthplace, *South Carolina*
 8. Full Name of Father, *John Gardner*
 9. Father's Occupation, *South Carolina*
 10. Father's Birthplace, *labour man*
 Name of Medical Attendant, or other person who makes this Return, *Mary C Jones*
 Address, *1121 Maryland st*
 Remarks,

2940001316

GIVEN NAME ADDED 11-19-56

A.

RETURN OF A BIRTH. 54502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Francis Virginia Knighton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 20, 1904
4. Place of Birth, (Street and Number) 1810 Dallas St Balto
5. Full Name of Mother, Violet Knighton
6. Mother's Maiden Name, Violet St John
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John D. Knighton
9. Father's Occupation, Confectioner
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs M. Fester

Address, 1600 East Lanvale St

Remarks,

240001317

RETURN OF A BIRTH. 54503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *22 of February*
4. Place of Birth. (Street and Number) *White*
5. Full Name of Mother, *Elise Schierlein*
6. Mother's Maiden Name, *= Baumannschmidt*
7. Mother's Birthplace. *Baltic*
8. Full Name of Father, *Louis Schierlein*
9. Father's Occupation *Labeler*
10. Father's Birthplace, *Baltic*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. E. Weiss*
- Address, *2522 Lancaster St.*
- Remarks, _____

940001318

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb. 22, 1894.

4. Place of Birth, (Street and Number) 529 Bloom St.

5. Full Name of Mother, Rosa A. Akers

6. Mother's Maiden Name, M^{rs} Abbe

7. Mother's Birthplace, Ind.

8. Full Name of Father, J. Robert Akers

9. Father's Occupation, Carbuilder R. R.

10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, J. Lane Taneyhill

Address, 1103 Madison Avenue

Remarks, _____

940801319

RETURN OF A BIRTH. 54505-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Febr. 23, 1894

4. Place of Birth, (Street and Number) 709 Charles Sts

5. Full Name of Mother, Lisa Lunion

6. Mother's Maiden Name, Europe

7. Mother's Birthplace, Europe

8. Full Name of Father, Louis Lunion

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mr. Cecile Bernstein

Address, 122 S. Exeter St

Remarks, 940001320



RETURN OF A BIRTH.

54506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 24 - 94

4. Place of Birth, (Street and Number) 1001 Ridgely St.

5. Full Name of Mother, M. B. Hammer

6. Mother's Maiden Name, Bannan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Bennard Hammer

9. Father's Occupation, Crafterman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos M. Lempert M.D.

Address, 412 S. Paca St.

Remarks, _____

940001321

RETURN OF A BIRTH. 54507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5^d
 Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Feb. 26 98
 4. Place of Birth, (Street and Number) 609 S. Charles St.
 5. Full Name of Mother, Jennie Linn
 6. Mother's Maiden Name, Eunice
 7. Mother's Birthplace, Louis Linn
 8. Full Name of Father, merchant
 9. Father's Occupation, Europe
 10. Father's Birthplace, Mrs. Cecile Benastie
 Name of Medical Attendant, or other person who makes this Return, 122 S. Exeter St.
 Address,
 Remarks,
 1 2 9 4 0 0 0 1 3 2 2

RETURN OF A BIRTH. 54508

CERTIFICATE CORRECTED 11-8-61
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Joseph Sindler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, February 4, 1899

4. Place of Birth, (Street and Number) 15013 Eastern Ave

5. Full Name of Mother, Hilmi Sindler, Calis

6. Mother's Maiden Name, Europe

7. Mother's Birthplace, Anja Sindler, Aaron

8. Full Name of Father, Europe

9. Father's Occupation, Europe

10. Father's Birthplace, Mrs. Lucile Bernstein

Name of Medical Attendant, or other person who makes this Return, 122 S. Euter St.

Address,

Remarks,

1 9 4 0 0 0 1 3 2 3

RETURN OF A BIRTH. 54509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex. (state whether male or female) *female*

2. Race or Color. (if not of the white race) *white*

3. Date of Birth. *February 4, 1898*

4. Place of Birth. (Street and Number) *831 Granby str*

5. Full Name of Mother. *Johanna Shvammel*

6. Mother's Maiden Name. *Pauler*

7. Mother's Birthplace. *Germany*

8. Full Name of Father. *Isaac Shvammel*

9. Father's Occupation. *Schooner*

10. Father's Birthplace. *Europe*

Name of Medical Attendant, or other person who makes this Return. *Mrs C. Beansterin*

Address. *122 S. Exeter str*

Remarks, _____

440001324

RETURN OF A BIRTH. 54510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 Feb 1894

4. Place of Birth, (Street and Number) 173 St. Francis St.

5. Full Name of Mother, Frank Hincberg

6. Mother's Maiden Name, Rabin

7. Mother's Birthplace, Russia

8. Full Name of Father, Barrie Hincberg

9. Father's Occupation, Builder

10. Father's Birthplace, Russia

Name of Medical Attendant, Dr. Hermann
or other person who makes this Return.

Address, 41 Allen St.

Remarks, _____

RETURN OF A BIRTH. 54511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Feb. 1st. 1894
 4. Place of Birth, (Street and Number) 450 Gerard Ave
 5. Full Name of Mother, Marian Elliott Bauer
 6. Mother's Maiden Name, Marian Elliott
 7. Mother's Birthplace, Baltimore, Md
 8. Full Name of Father, William Bauer
 9. Father's Occupation, N. E. R. R. Engineer
 10. Father's Birthplace, Baltimore, Md
 Name of Medical Attendant, or other person who makes this Return, Wilmer Brintow, M.D.
 Address, S. W. Calvert & Preston Sts.
 Remarks,

1 2 4 0 0 0 1 3 2 6

RETURN OF A BIRTH. 54372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, February 3, 1894
 4. Place of Birth, (Street and Number) No. 922 E. Chase Street
 5. Full Name of Mother, Maggie L. Klee
 6. Mother's Maiden Name, Maggie L. Ohlgard
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Wm. J. Klee
 9. Father's Occupation, Clerk
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, _____
 Address, Report this birth by request - did not attend it
 Remarks, (Gennell)

940001327

RETURN OF A BIRTH 54513 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

male
white

2. Race or color, (if not of the white race)

3. Date of Birth,

February 24-94

4. Place of Birth, (Street and Number)

1274 Battery Ave

5. Full Name of Mother,

Carrie Washburn

6. Mother's Maiden Name,

Carrie McNeal

7. Mother's Birthplace,

Pa

8. Full Name of Father,

James Washburn

9. Father's Occupation,

Car Driver

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes the Return

L. K. Witty, M.D.

Address,

7254 N. George St

Remarks,

1 2 9 4 0 0 0 1 3 2 8

RETURN OF A BIRTH. 54514 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8th

Male

White

Feb. 5th 1894

507 Hanover St.

Mary R. McGuire

Myers

Balto.

Jas R. McGuire

Sail Maker

Dorchester Co. Md.

R. C. Lee

Hanover St.

1 - 9 4 0 0 0 1 3 2 9

RETURN OF A BIRTH. 574515-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frances Montague Thornton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 9: 1894*

4. Place of Birth, (Street and Number) *58 Henrietta St*

5. Full Name of Mother, *Mary E. Thornton*

6. Mother's Maiden Name, *Hope*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wm Thornton*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *D. B. Williams*

Address, *1128 Cathedral St*

Remarks, *Mother 45 - Child weighed 12 lbs*

GIVEN NAME ADDED. 3-6-52

44001330

RETURN OF A BIRTH.

574576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, 9 Feb 1894
5. Place of Birth, (Street and Number) 1148 Central Ave
6. Full Name of Mother, Bertha Gustavson
7. Mother's Maiden Name, Engel
8. Mother's Birthplace, Russia
9. Full Name of Father, Sam Gustavson
10. Father's Occupation, Carver
11. Father's Birthplace, Russia
12. Name of Medical Attendant, G. Sherman
or other person who makes this Return
13. Address, 22 Wilmersburg St
14. Remarks, _____

940001331

RETURN OF A BIRTH. 54517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Feb 10th 1894*
4. Place of Birth, (Street and Number) *1609 E. Lafayette St*
5. Full Name of Mother, *Beate Shippen*
6. Mother's Maiden Name, *Kramer*
7. Mother's Birthplace, *Balt Md*
8. Full Name of Father, *George M Shippen*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Balt Md*
- Name of Medical Attendant, or other person who makes this Return, *Mr B Billingsley*
- Address, *1206 E. Preston St*
- Remarks,

940001332

RETURN OF A BIRTH. 54578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 11, 94

4. Place of Birth, (Street and Number)

115 W. Lombard St.

5. Full Name of Mother,

Lillian S. Clark

6. Mother's Maiden Name,

W. W. A.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

C. S. New

Address,

115 W. L. St.

Remarks,

1-940001333

RETURN OF A BIRTH. 54519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 14, 1894*

4. Place of Birth, (Street and Number) *No. 1433 Hartford ave.*

5. Full Name of Mother, *Annie Ford*

6. Mother's Maiden Name, *Annie Mueller*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Ford*

9. Father's Occupation, *Clothing Cutter*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other person who makes this Return, *Dr. R. A. Olwell, Md.*

Address, *1241 Hartford ave.*

Remarks,

1 2 9 4 0 0 0 1 3 3 4

RETURN OF A BIRTH. 54520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 11 1894
4. Place of Birth, (Street and Number) 509 E Madison St
5. Full Name of Mother, Mary C. Forrest
6. Mother's Maiden Name, Laragy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Forrest
9. Father's Occupation, Police Officer
10. ☒ Father's Birthplace, Baltimore
- Name of Medical Attendant, Dr. Reynolds or other person who makes this Return,
- Address, 711 N Calvert St
- Remarks,

1 2 9 4 0 0 0 1 3 3 5

RETURN OF A BIRTH. 54531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, February 11th 1894
 4. Place of Birth, (Street and Number) No. 1111 Barclay St.
 5. Full Name of Mother, Lillian V. Gminder
 6. Mother's Maiden Name, Lillian V. Mills,
 7. Mother's Birthplace, Baltimore, Md
 8. Full Name of Father, Albert J. Gminder
 9. Father's Occupation, School Teacher,
 10. Father's Birthplace, Baltimore.
 Name of Medical Attendant, or other person who makes this Return, Wilmer Brintow, M.D.,
 Address, S. W. Cor. Calvert & Preston Sts.
 Remarks,

940001336

RETURN OF A BIRTH. 57522 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 12, 1894

4. Place of Birth, (Street and Number) No. 1814 N. Spring St.

5. Full Name of Mother, Mary Phodenbauer

6. Mother's Maiden Name, Wang

7. Mother's Birthplace, Germany

8. Full Name of Father, John Phodenbauer

9. Father's Occupation, Painter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Aug. C. Clewett, M.D.

Address, 1741 Hanford Ave

Remarks, _____

9 4 0 0 0 1 3 3 7

RETURN OF A BIRTH. 54523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *12 Feb. 1894*

4. Place of Birth, (Street and Number) *256 W. E. 2d St.*

5. Full Name of Mother, *Rachel Brown*

6. Mother's Maiden Name, *Levin*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Harry Brown*

9. Father's Occupation, *Trainer*

10. Father's Birthplace, *Romania*

Name of Medical Attendant, or other person who makes this Return, *C. T. Johnson*

Address, *412 E. 2d St.*

Remarks, _____

RETURN OF A BIRTH. 54524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, Feb 12
 4. Place of Birth, (Street and Number) Clont ally 1125
 5. Full Name of Mother, Elizabeth Keith
 6. Mother's Maiden Name, Elizabeth Newmon
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, S. M. Ellison Keith
 9. Father's Occupation Carpenter
 10. Father's Birthplace, Orangeburg, S.C.
 Name of Medical Attendant, or other person who makes this Return, Catherine Jones
 Address, 429 N. Hamberg St
 Remarks, ~~nothing~~

1 - 9 4 0 0 0 1 3 3 9

RETURN OF A BIRTH. 54525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 February 1894
4. Place of Birth, (Street and Number) 254 Hickory at Baltimore
5. Full Name of Mother, Rachel Miles
6. Mother's Maiden Name, Young
7. Mother's Birthplace, Howard County Md
8. Full Name of Father, John H. Holland
9. Father's Occupation, Laborer with
10. Father's Birthplace, Eastern Shore Maryland
- Name of Medical Attendant, or other person who makes this Return, Martha King
- Address, 545 Hickory at Baltimore
- Remarks,

1 - 440001340 M.D.

RETURN OF A BIRTH 54526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Feb 12 1894

4. Place of Birth (Street and Number), 128 Brady Ave (Crown)

5. Full Name of Mother, Annie E. Pole

6. Mother's Maiden Name, Hess

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles F. Pole

9. Father's Occupation, Lapanner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, L. J. McManis M.D.
or other person who makes this Return.

Address, 634 Cornuch Ave.

Remarks, _____

RETURN OF A BIRTH. 54527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Boy.

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 14th 1894

4. Place of Birth, (Street and Number) # 1111 Guilford Ave.

5. Full Name of Mother, Kate Dunn.

6. Mother's Maiden Name, Kate Sheridan

7. Mother's Birthplace, Ireland

8. Full Name of Father, James A. Dunn.

9. Father's Occupation, Police Officer

10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return, Wilmer Bruntow, M.D.

Address, S.W. Cor. Leaburn & Prutton Sts.

Remarks,

54527

RETURN OF A BIRTH. 54528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
 1. Sex, (state whether male or female) Female.
 2. Race or Color, (if not of the white race) White.
 3. Date of Birth, Feb. 18th. 1890 Park Ave.
 4. Place of Birth, (Street and Number) # 895 Park Ave.
 5. Full Name of Mother, Annie George Smith.
 6. Mother's Maiden Name, Annie George.
 7. Mother's Birthplace, Liverpool, England.
 8. Full Name of Father, George Smith S. Smith.
 9. Father's Occupation, Bricklayer.
 10. Father's Birthplace, Liverpool.
 Name of Medical Attendant, or other person who makes this Return, Wilmer Britton, M.D.
 Address, S.W. cor. Calvert & Preston Sts.
 Remarks,

940001343

RETURN OF A BIRTH. 54529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 16 1894

4. Place of Birth, (Street and Number) 882 Summit St

5. Full Name of Mother, Catherine M. Woods

6. Mother's Maiden Name, William M. Woods

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Thomas M. Woods

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Frank Woods

Address, 882 Summit St

Remarks,

1 9 4 0 0 0 1 3 4 4

GIVEN NAME ADDED 1-16-52
RETURN OF A BIRTH. 54530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Hellen R. Berman*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *16 Feb 1894*

4. Place of Birth, (Street and Number) *22 Albemarle St.*

5. Full Name of Mother, *Esther Berman*

6. Mother's Maiden Name, *Jagorski*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *Max Berman*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other person who makes this Return, *E. Berman*

Address, *22 Albemarle St.*

Remarks, _____

RETURN OF A BIRTH. 54531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 Feb 1894
4. Place of Birth, (Street and Number) 1617 Eastern Ave Street
5. Full Name of Mother, Mary Goldaden
6. Mother's Maiden Name, Zimmerman
7. Mother's Birthplace, Russia
8. Full Name of Father, David Goldaden
9. Father's Occupation, Storekeeper
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, Mrs. C. Sherman
- Address, #2 Baltimore St.
- Remarks,

RETURN OF A BIRTH. 54532 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan. 17

4. Place of Birth, (Street and Number)

115 W. Lombard St.

5. Full Name of Mother

Bertha Dana

6. Mother's Maiden Name

Renn

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

C. S. Keen

Name of Medical Attendant, or other person who makes this Return

115 W. Lombard St.

Address

Remarks

1-2-4-0-0-0-1-3-4-7

Fee of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Feb. 17
4. Place of Birth, (Street and Number) 1214 Lombard St
5. Full Name of Mother, Blanche Dayla
6. Mother's Maiden Name, New York
7. Mother's Birthplace, New York
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other person who makes this Return, C. S. New
- Address, Mat. Hosp.
- Remarks,

1 2 4 0 0 0 1 3 4 8

RETURN OF A BIRTH. 54534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, _____
4. Place of Birth, (Street and Number) 1335 Whittier St _____
5. Full Name of Mother, _____
6. Mother's Maiden Name, _____
7. Mother's Birthplace, _____
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this Return, _____
- Address, 1335 Whittier St _____
- Remarks, _____

440001349

RETURN OF A BIRTH. 54535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16th
 Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 7th 17th 1894
 4. Place of Birth, (Street and Number) 925 E. Hoffman
 5. Full Name of Mother, Mary R. Rozis
 6. Mother's Maiden Name, Harbor - Harper
 7. Mother's Birthplace, Balto. C. Md.
 8. Full Name of Father, Nelson Rozis
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Balto. C. Md.
 Name of Medical Attendant, or other person who makes this Return, Mr. B. Billingsley
 Address, 1206 E. Proctor St.
 Remarks,

1 - 9 4 0 0 0 1 3 5 0

RETURN OF A BIRTH. 54536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18 Feb 1894

4. Place of Birth, (Street and Number) 210 S High St

5. Full Name of Mother, Anna Pinsky

6. Mother's Maiden Name, Schuman

7. Mother's Birthplace, Russia

8. Full Name of Father, Luis Pinsky

9. Father's Occupation, Carpenter

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Pinsky

Address, 210 S High St

Remarks, _____

RETURN OF A BIRTH. 54537 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Feb. the 2nd 1894

4. Place of Birth, (Street and Number) Baltimore st Balto. Md.

5. Full Name of Mother, Martha Smith

6. Mother's Maiden Name, Martha Butler

7. Mother's Birthplace, Howard Co. Md.

8. Full Name of Father, Noah Smith

9. Father's Occupation, Coachman

10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other person who makes this return, Mrs Alice Barnes

Address, 538 Baker st Balto

Remarks,

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 54538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Feb 5 1904*
4. Place of Birth, (Street and Number) *1044 Howard St*
5. Full Name of Mother, *Mary E. Anderson*
6. Mother's Maiden Name, *Reiman*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *William E. Anderson*
9. Father's Occupation, *Contractor*
10. Father's Birthplace, *Balt.*
- Name of Medical Attendant, or other person who makes this Return, *Edward W. Miller*
- Address, *208 Annapolis St.*
- Remarks, _____

940001353

RETURN OF A BIRTH. 54539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Dec 9 1894*
 4. Place of Birth, (Street and Number) *1124 N. Carey*
 5. Full Name of Mother, *Mary E. Mahan*
 6. Mother's Maiden Name, *Harigan*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *James P. Mahan*
 9. Father's Occupation, *Clerk*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return. *John Jeff M.D.*
 Address, *701 N. Howard St.*
 Remarks,

10940001354

RETURN OF A BIRTH. 674540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1
- Sex, (state whether male or female)... Female
- Race or Color, (if not of the white race)... White
- Date of Birth... Feb. 12/97
- Place of Birth, (Street and Number)... Baltimore 2026 East Fayette St.
- Full Name of Mother... Helen Meninger
- Mother's Maiden Name... Helen Neely
- Mother's Birthplace... Germany
- Full Name of Father... Paul Meninger
- Father's Occupation... Cabinet Maker
- Father's Birthplace... Germany
- Name of Medical Attendant, or other person who makes this Return... Josephine Kueper
- Address... 1026 East Avenue
- Remarks...

1 6 9 4 0 0 0 1 3 5 5

RETURN OF A BIRTH. 54541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
 Sex, (state whether male or female) Mrs Female
 Race or Color, (if not of the white race) White
 Date of Birth Feb. 13 1904
 Place of Birth, (Street and Number) Balt. No 2509 Fairmount St.
 Full Name of Mother, Mrs Emma Montgomery
 Mother's Maiden Name, Mrs Emma Pickens
 Mother's Birthplace, Richmond
 Full Name of Father, Emory Montgomery
 Father's Occupation Carpenter
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mrs Josephine Krueger
 Address, No 2026 E. Fayette St. Baltimore Md.
 Remarks, —

1 0 9 4 0 0 0 1 3 5 6

RETURN OF A BIRTH. 54542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Feb 13/94*
4. Place of Birth, (Street and Number) *839 N. Lombard*
5. Full Name of Mother, *Mary Motley*
6. Mother's Maiden Name, *McLivan*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *John Motley*
9. Father's Occupation, *Powerman*
10. Father's Birthplace, *Ararat Co. U.S.A.*
- Name of Medical Attendant, or other person who makes this Return. *H. S. ...*
- Address, *839 N. Lombard*
- Remarks,

440001357

RETURN OF A BIRTH. 54543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, Jerome Mitnick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 2 9 4 0 0 1 3 5 8

RETURN OF A BIRTH. 54544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 February, 1894
4. Place of Birth, (Street and Number) 217 Long St
5. Full Name of Mother, Lizzie Helweg
6. Mother's Maiden Name, Helm
7. Mother's Birthplace, Germany
8. Full Name of Father, Lawrence Helweg
9. Father's Occupation, Horse-chaise maker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, L. Sherman
- Address, 22 Denmark St
- Remarks, _____

1 0 9 4 0 0 0 1 3 5 9

RETURN OF A BIRTH. 54545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

10940001360

RETURN OF A BIRTH. 54546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18 Feb 1894

4. Place of Birth, (Street and Number) 107 Concord St.

5. Full Name of Mother, Mary C. Hoffman

6. Mother's Maiden Name, Mary C. Smith

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Isabel Hoffman

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, E. J. Harrison or other person who makes this Return.

Address, 722 Atlantic St.

Remarks, _____

RETURN OF A BIRTH. 5454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. 18 Feb 1894
4. Place of Birth, (Street and Number) 135 Gay St. East
5. Full Name of Mother. Ella Goldstone
6. Mother's Maiden Name. St.
7. Mother's Birthplace. Russia
8. Full Name of Father. Jack Goldstone
9. Father's Occupation. Ice keeper
10. Father's Birthplace. Russia
- Name of Medical Attendant, or other person who makes this Return. C. Presman
- Address. 222 Newark St.
- Remarks.

Penalty for failure to file this return, ten dollars for each offence, to be recovered by the State.

RETURN OF A BIRTH. 54548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 20th 1894

4. Place of Birth, (Street and Number) 1102 Conroy St

5. Full Name of Mother, Annie Schroeder

6. Mother's Maiden Name, Conway

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Robt C Schroeder

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. M. B. Billingsley

Address, 1206 E. Prater St

Remarks,

1 0 9 4 0 0 0 1 3 6 3

RETURN OF A BIRTH. 54549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) negro
3. Date of Birth, Feb. 20th '94
4. Place of Birth, (Street and Number) 613 Raborg St.
5. Full Name of Mother, Emma Oliver
6. Mother's Maiden Name, " Carroll
7. Mother's Birthplace, MD
8. Full Name of Father, Jessie Oliver
9. Father's Occupation, Coachman
10. Father's Birthplace, MD
- Name of Medical Attendant, or other person who makes this Return. J. B. Gardner
- Address, 424 W. Greene St.
- Remarks, _____

RETURN OF A BIRTH. 54550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female).

Female

2. Race or Color. (if not of the white race)

White

3. Date of Birth.

Jan. 20, 94

4. Place of Birth. (Street and Number)

115 W. Lombard St
Sarah Shumrod

5. Full Name of Mother.

6. Mother's Maiden Name.

Ind

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

C. S. New

Name of Medical Attendant, or other person who makes this Return.

Maternity Hosp

Address.

Remarks.

1 8 9 4 0 0 0 1 3 6 5

ected to the due of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
 Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 21 Feb. 1894
 4. Place of Birth, (Street and Number) 208 Eldonville St
 5. Full Name of Mother, Annie Haman
 6. Mother's Maiden Name, Dalton
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, Wm. E. Haman
 9. Father's Occupation, Refrigerator Dealer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, E. Schuman
 Address, 208 Eldonville St
 Remarks, _____

1 0 9 4 0 0 0 1 3 6 6

RETURN OF A BIRTH. 54552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, Feb 21st 1894
 4. Place of Birth, (Street and Number) 1916 Brewster St.
 5. Full Name of Mother, Amanda Jacobs Waters
 6. Mother's Maiden Name, Amanda Jacobs
 7. Mother's Birthplace, Seaford Delaware
 8. Full Name of Father, William Waters
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Calvert Co Md
 Name of Medical Attendant, or other person who makes this Return, Sarah E. Pett
 Address, # 2206. Ewing St
 Remarks, 18940001367

See to the use of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24 Feb 1894

4. Place of Birth, (Street and Number) 1043 Allen St.

5. Full Name of Mother, Carah Herman

6. Mother's Maiden Name, Bernstein

7. Mother's Birthplace, New York

8. Full Name of Father, Jacob Herman

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Herman

Address, 22 Albemarle St

Remarks, _____

RETURN OF A BIRTH. 54554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 8th
 Sex, (state whether male or female)... White Female
 2. Race or Color, (if not of the white race)
 3. Date of Birth... 22nd February
 4. Place of Birth, (Street and Number)... 113 Pracker St.
 5. Full Name of Mother... Ella Wilm
 6. Mother's Maiden Name... Ella Hanson
 7. Mother's Birthplace... Baltimore
 8. Full Name of Father... Patrick J. Wilm
 9. Father's Occupation... City Collector
 10. Father's Birthplace... Baltimore
 Name of Medical Attendant, or other person who makes this Return... Mrs. Woodson
 Address... 888 Greenmount Ave
 Remarks...

1 8 9 4 0 0 0 1 3 6 9

RETURN OF A BIRTH. 54555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
 1-4-14. Robert Leo Hill

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

name of child: Robert Leo Hill

(Indicate whether 1st, 2d, 3d, &c.) 5

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)-----5

Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth*,--

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother, -

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace.*

10. *Name of Medical Attendant*, or other person who makes this Return.

Address,--

Remarks.

1 8 9 4 0 0 0 1 3 7 0

RETURN OF A BIRTH, 54536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 8
- Sex. (state whether male or female) female
- Race or Color, (if not of the white race) Clard
- Date of Birth, January 22, Baltimore Md
- Place of Birth, (Street and Number) 1401 Smith St
- Full Name of Mother Mrs Eltha Ann Halley
- Mother's Maiden Name, Eltha Ann Crawford
- Mother's Birthplace, Baltimore Md
- Full Name of Father, Jones Fred Chatman
- Father's Occupation, Sailors
- Father's Birthplace, Saint Marys County Md
- Name of Medical Attendant, or other person who makes this Return, Marier Jones 1337 West Cal St
- Address,
- Remarks,

1 8 9 4 0 0 0 1 3 7 1

RETURN OF A BIRTH. 34537 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth.

Jan. 22, 94

4. Place of Birth, (Street and Number)

110 W. Lombard St.

5. Full Name of Mother,

Martha Gordon

6. Mother's Maiden Name,

Wa

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

C. S. Keen

Name of Medical Attendant, or other person who makes this Return.

Maternity Hosp

Address,

Remarks,

18940001372

RETURN OF A BIRTH. 74558 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Black

Date of Birth, Sept. 23, 1894

Place of Birth, (Street and Number) 115 W. Lombard St

Full Name of Mother, Laura Carmichael

Mother's Maiden Name, _____

Mother's Birthplace, _____

Full Name of Father, Med

Father's Occupation, _____

Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, C. S. Neer

Address, 115 W. Lombard St

Remarks, _____

6440001373

any such person or persons who shall have, or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

any one person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tenth

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Feb. 24, 1894

4. Place of Birth, (Street and Number)

112 W. Lombard

5. Full Name of Mother,

Maria Davis

6. Mother's Maiden Name,

Mad

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

C. S. Keen

Address,

112 W. Lombard

Remarks,

1 3 9 4 0 0 0 1 3 7 4

RETURN OF A BIRTH. 54560 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

30
Male

White

Feb. 25 - 1894

633. W. Lee St.

Mary C. Schuman

McKenny

Alleghany Co. Va.

Fred. H. Schuman

Printer

Baltimore City Md.

R. C. Lee

Harmon St.

1894-0001375

RETURN OF A BIRTH. 54561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth.

Feb 25th - 94

4. Place of Birth, (Street and Number)

517 Enoch St. Balt. City

5. Full Name of Mother,

Kellie Magdalene Quirk

6. Mother's Maiden Name,

Kellie Magdalene Buckley

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Thomas Edward Quirk

9. Father's Occupation,

Restaurant Keeper

10. Father's Birthplace,

Liscanoll County Cork Ireland

Name of Medical Attendant, or other person who makes this Return,

Chas. Wooden

Address,

881 Greenmount Ave.

Remarks,

8940001376

RETURN OF A BIRTH 54562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Myrtle Mae Chaney
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *February 25- 94*

4. Place of Birth, (Street and Number) *1440 S Charles St*

5. Full Name of Mother, *Lolo Chaney*

6. Mother's Maiden Name, *Lolo Chaney*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Solomon Chaney*

9. Father's Occupation, *Maryland Laborer*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other person who makes this Return, *Dr. K. W. Riley M.D.*

Address, *724 W. Leary St*

Remarks, *As Mrs Chaney married her first cousin her name was unchanged.*

54562

Keep this card safe as it is the basis for each official record. It is the property of the State and is not to be destroyed or disposed of without the order of the State Registrar.

RETURN OF A BIRTH.

54563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 Feb. 1894

4. Place of Birth, (Street and Number) 1019 E. Lombard St

5. Full Name of Mother, Rachel Rosenthal

6. Mother's Maiden Name, Kay

7. Mother's Birthplace, Russia

8. Full Name of Father, Joseph Rosenthal

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 22 Calverton St

Remarks,

8940001378

RETURN OF A BIRTH. 54564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 February 1894

4. Place of Birth, (Street and Number) 848 E Pratt St

5. Full Name of Mother, E. M. Fleischman

6. Mother's Maiden Name, Rosenberg

7. Mother's Birthplace, Russia

8. Full Name of Father, Harry Fischman

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Fleischman

Address, 45 Albemarle St

Remarks,

18940001379

RETURN OF A BIRTH. 54565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 5
1. Sex, (state whether male or female)... Female
2. Race or Color, (if not of the white race)... White
3. Date of Birth... 25 February 1894
4. Place of Birth, (Street and Number)... 1029 Durham St
5. Full Name of Mother... Mary Bros
6. Mother's Maiden Name... Mary G. Kanda
7. Mother's Birthplace... Bohimen
8. Full Name of Father... Wenzl Bros
9. Father's Occupation... Tailor
10. Father's Birthplace... Bohimen
- Name of Medical Attendant, or other person who makes this Return... Aloisia Gintora
- Address... 1010 Durham St
- Remarks...

18940001300

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

54566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 25, 94

4. Place of Birth, (Street and Number)

115 W. Lombard St.

5. Full Name of Mother,

Carrie Smith

6. Mother's Maiden Name,

Canada

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

C. S. Keen

Address,

115 W. Lombard St.

Remarks,

0940001381

RETURN OF A BIRTH. 54567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Tenth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 26th 1894*

4. Place of Birth, (Street and Number) *914 N. Gay St.*

5. Full Name of Mother, *Elizabeth S. Hall*

6. Mother's Maiden Name, *Hill*

7. Mother's Birthplace, *Balt.*

8. Full Name of Father, *Carly S. Hall*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Balt. Co. Md.*

Name of Medical Attendant, or other person who makes this Return, *D. H. Seligman M.D.*

Address, *1501 S. Bay St.*

Remarks,

1 8 9 4 0 0 0 1 3 8 2

RETURN OF A BIRTH. 54568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Feby 26th '94
 4. Place of Birth, (Street and Number) 23 Mt Royal Ave
 5. Full Name of Mother, Egan
 6. Mother's Maiden Name, Irene Ryan
 7. Mother's Birthplace, Brooklyn N.Y.
 8. Full Name of Father, Charles E. Egan
 9. Father's Occupation, Cotton Waste Business
 10. Father's Birthplace, Brooklyn N.Y.
 Name of Medical Attendant, or other person who makes this Return, Thomas Opie M.D.
 Address, 219 W Monument St.
 Remarks, in labor
Ms Egan was attended by Dr W S Gaden during my absence from the city

RETURN OF A BIRTH. 54569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 26th 1896

4. Place of Birth, (Street and Number)

1634 Halbrook

5. Full Name of Mother,

Aida Walker

6. Mother's Maiden Name,

Patterson

7. Mother's Birthplace,

Harford Co Md

8. Full Name of Father,

George F. Walker

9. Father's Occupation,

R.R. brakeman

10. Father's Birthplace,

Harford Co Md

Name of Medical Attendant, or other person who makes this Return.

M. B. Billington

Address,

1206 E. Prater St

Remarks,

16940001384

jection to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

54570
RETURN OF A BIRTH. 54870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

FEB. 26, 94

3. Date of Birth

4. Place of Birth, (Street and Number)

115 W. Lombard St.,
Rachael Porter

5. Full Name of Mother

6. Mother's Maiden Name

Med

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

C. S. Keen

Name of Medical Attendant, or other person who makes this Return.

115 W. Lombard

Address

Remarks

1 0 9 4 0 0 0 1 3 8 5

RETURN OF A BIRTH. 54571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb. 26

4. Place of Birth, (Street and Number)

115 W. Lombard St.

5. Full Name of Mother

Emma Harvey

6. Mother's Maiden Name

Da

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

C. S. New

Name of Medical Attendant, or other person who makes this Return

115 W. Lombard

Address

Remarks

18940001386

RETURN OF A BIRTH. 54572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Feb. 26
 4. Place of Birth, (Street and Number) 1210 Lombard St.
 5. Full Name of Mother, Josephine McDonald
 6. Mother's Maiden Name, Mad
 7. Mother's Birthplace, _____
 8. Full Name of Father, _____
 9. Father's Occupation, _____
 10. Father's Birthplace, _____
 Name of Medical Attendant, or other person who makes this Return, C. S. New
 Address, 115 W Lombard St.
 Remarks, _____

18940001387

RETURN OF A BIRTH. 54573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 27th 1894

4. Place of Birth, (Street and Number) 1413 E. Federal St.

5. Full Name of Mother, Mary Cordrey

6. Mother's Maiden Name, Keagel

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Charles Cordrey

9. Father's Occupation, Clerk

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. Dr. B. Billing

Address, 1206 E. Pringle

Remarks,

18940001300

RETURN OF A BIRTH. 54574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

● of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male White

2. Race or Color, (if not of the white race)

3. Date of Birth. 27 Feb 1894

4. Place of Birth, (Street and Number)

923 E. Baltimore St

5. Full Name of Mother,

Sarah Berger

6. Mother's Maiden Name,

Davis

7. Mother's Birthplace,

Putnam New York

8. Full Name of Father,

Bertram Berger

9. Father's Occupation,

Cigar maker

Father's Birthplace,

Putnam

Name of Medical Attendant,

or other person who makes this Return.

C. Sherman

Address,

1844 N. 7th St

Remarks,

18440001389

RETURN OF A BIRTH. 54575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27 Feb 1894

4. Place of Birth, (Street and Number) 22 W. Euter St

5. Full Name of Mother, Clara Sukhansky

6. Mother's Maiden Name, Falk

7. Mother's Birthplace, Germany

8. Full Name of Father, J. Sukhansky

9. Father's Occupation, Doctor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Albemarle St

Remarks,

RETURN OF A BIRTH. 54576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Feb 28th 1894

4. Place of Birth, (Street and Number) Mc Donough St 319 Baltimore

5. Full Name of Mother, Annie

6. Mother's Maiden Name, Annie Jones

7. Mother's Birthplace, For Starling County

8. Full Name of Father, Lewis Jones

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Jane West

Address, 804 Stirling St

Remarks,

18940001391

RETURN OF A BIRTH.

54577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 Feb 1894

4. Place of Birth, (Street and Number) 321 Allen St. N.Y.

5. Full Name of Mother, Mary Mc Crahan

6. Mother's Maiden Name, E. Ring

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Mc Crahan

9. Father's Occupation, Laborer

● Father's Birthplace, Scot. Land

Name of Medical Attendant, or other person who makes this Return, Dr. J. E. Mc Crahan

Address, 321 Allen St. N.Y.

Remarks, —

1 8 9 4 0 0 0 1 3 9 2

Jeeted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, Feb 1874
- Place of Birth, (Street and Number) S. High 240
- Full Name of Mother, Lena Miller
- Mother's Maiden Name, Graham
- Mother's Birthplace, Russia
- Full Name of Father, Mathew Miller
- Father's Occupation, Carpenter
- Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, S. Sherman
- Address, Baltimore Md
- Remarks, _____

RETURN OF A BIRTH. 54579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
 1. Sex, (state whether male or female) 2 Male
 2. Race or Color, (if not of the white race) Color
 3. Date of Birth, February 11 1891
 4. Place of Birth, (Street and Number) 809 Remington Ave Balt- Md
 5. Full Name of Mother, Mary Howard Singler
 6. Mother's Maiden Name, Howard
 7. Mother's Birthplace, Co Md
 8. Full Name of Father, Howard
 9. Father's Occupation, Co
 10. Father's Birthplace, Co Md
 Name of Medical Attendant, or other person who makes this Return, Louis Thompson
 Address, 825 Remington Ave Balt- Md
 Remarks, 18940001394

RETURN OF A BIRTH. 54580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 11 1894
4. Place of Birth, (Street and Number) 42 Orchard St
5. Full Name of Mother, Mary E Burgess
6. Mother's Maiden Name, Mary E. Johnson
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, Thomas Burgess
9. Father's Occupation, Driver
10. Father's Birthplace, Ann Arundel County
- Name of Medical Attendant, or other person who makes this Return, Walter Calver
- Address, 509 Preston St
- Remarks, _____

18940001395

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 54581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
- Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Of the colored race*
3. Date of Birth, *Sunday February the 25-*
4. Place of Birth, (Street and Number) *Baltimore 1629 St-Joseph St-*
5. Full Name of Mother, *Maggie Brown*
6. Mother's Maiden Name, *Maggie Robinson*
7. Mother's Birthplace, *St-Marys County Md*
8. Full Name of Father, *Amos A Brown*
9. Father's Occupation, *Brick Maker*
10. Father's Birthplace, *Richmond Virginia*
- Name of Medical Attendant, or other person who makes this Return, *Annies Forest-*
- Address, *715 N Durham st-near madison*
- Remarks, *Md Wife*

RETURN OF A BIRTH. 54582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 27/04

4. Place of Birth, (Street and Number) 627 Light St Baltimore

5. Full Name of Mother, Mary A Reddington

6. Mother's Maiden Name, John A Onell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Martin Reddington

9. Father's Occupation, Restaurant

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Anna Taylor

Address, 41 Guilford Alley

Remarks,

18440001397

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, February 28, 1894
 4. Place of Birth, (Street and Number) No 487 Chestnut St Balto.
 5. Full Name of Mother, Marid Mitchell
 6. Mother's Maiden Name, Marid Riley
 7. Mother's Birthplace, Ireland
 8. Full Name of Father, James Mitchell
 9. Father's Occupation, Brewer
 10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other person who makes this Return, Mrs Anne Taylor
- Address, 41 Gilford Alley
- Remarks,

18940001398

RETURN OF A BIRTH. 54374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, April 2, 1894.

4. Place of Birth, (Street and Number) 221 Enoch St.

5. Full Name of Mother, Mary E. Brandt.

6. Mother's Maiden Name, Manning.

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Joseph E. Brandt.

9. Father's Occupation, Wholesale & Retail Liquor Dealer.

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman, M.D.

Address, 1131 N. Charles St.

Remarks,

8940001399

RETURN OF A BIRTH. 52/685-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18440001400

RETURN OF A BIRTH. 54586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

1. Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 1 4 0 1

ected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-24-66
RETURN OF A BIRTH. 54588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas Ozella Charlton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 22, 74

4. Place of Birth, (Street and Number) 817 E. Biddle St.

5. Full Name of Mother, Annie Catherine Charlton

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Richmond, Va.

8. Full Name of Father, Thomas Ozella Charlton

9. Father's Occupation, Johnston, Penna.

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Dr. A. H. Newman M.D.

Address, 1121 N. Caroline St.

Remarks,

1 8 9 4 0 0 0 1 4 0 2

RETURN OF A BIRTH. 54589

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

state whether male or female)

Race or Color, (if not of the white race) White

Date of Birth, Feb 9, 1894

Place of Birth, (Street and Number) 410 Federal St. East

Full Name of Mother, Mrs. Hare

Mother's Maiden Name,

Mother's Birthplace, Pennsylvania

Full Name of Father, Charles H. Hare

Father's Occupation, Machinist Carpenter

Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, B. B. Browne M.D.

Address, 1218 Madison av

Remarks,

1 0 4 4 0 0 0 1 4 0 3

RETURN OF A BIRTH. 54601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child.*
 Sex, (state whether male or female) *Male*
 Race or Color, (if not of the white race) *Anglo-Saxon.*
 Date of Birth, *March 1st 1894*
 1. Place of Birth, (Street and Number) *225 W. Hollingshead Ave*
 Full Name of Mother, *Margaret C. Morrison*
 Mother's Maiden Name, *Margaret C. Dawson*
 Mother's Birthplace, *Baltimore City, Md.*
 8. Full Name of Father, *Samuel D. Morrison*
 9. Father's Occupation, *Ship Smith.*
 10. Father's Birthplace, *Baltimore City*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. H. E. Knowles*
 Address, *212 W. Pattersons Pk Ave*
 Remarks,

8940001404

Section to the due of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
- Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~X~~ not of the white race) Colored
3. Date of Birth, March 1894
4. Place of Birth, (Street and Number) 415 D Hill Avenue
5. Full Name of Mother, Annie Collins
6. Mother's Maiden Name, Tash
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Collins
9. Father's Occupation, Porter
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, Pearce Kingman M.D.
- Address, 607 N Franklin St
- Remarks, L.O.F.

RETURN OF A BIRTH. 54603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *1st March 1894*
4. Place of Birth, (Street and Number) *1506 Riverside Ave*
5. Full Name of Mother, *Annis La Barra*
6. Mother's Maiden Name, *McIntyre*
7. Mother's Birthplace, *Balto Md*
8. Full Name of Father, *George La Barra*
9. Father's Occupation, *Labarer*
10. Father's Birthplace, *Balto Md*
- Name of Medical Attendant, or other person who makes this Return, *Dr Elizabeth Jewell*
- Address, *436 E Fort Ave Balto Md*
- Remarks,

8940001406

RETURN OF A BIRTH.

54604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) Colored

4. Date of Birth, March 1st, 1894

5. Place of Birth, (Street and Number) 227. Sterling street,

6. Full Name of Mother, Eliza Groome.

7. Mother's Maiden Name, Eliza Wrennard.

8. Mother's Birthplace, Baltimore M. d.

9. Full Name of Father, John. Groome.

10. Father's Occupation, Laborer.

11. Father's Birthplace, Baltimore M. d.

Name of Medical Attendant, or other person who makes this Return, Susan Hoopes.

Address, 123. N. Dushamp st.

Remarks,

8940001407

RETURN OF A BIRTH. 54605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 1st March 1894
4. Place of Birth, (Street and Number) 917 E Ashland Ave
5. Full Name of Mother, Mary L Grogan
6. Mother's Maiden Name, French
7. Mother's Birthplace, Balto
8. Full Name of Father, Michael J Grogan
9. Father's Occupation, Hostler
10. Father's Birthplace, Anne Arundel Md
- Name of Medical Attendant, or other person who makes this Return, Mrs Julia Gosne
- Address, 944 N Gay St
- Remarks,

8940001408

A

RETURN OF A BIRTH. 54606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four (4)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 1/94. 1451 Patapsco St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Sarah Schneider

6. Mother's Maiden Name, Sarah Bachman

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Schneider

9. Father's Occupation, Laborer

10. Father's Birthplace, Prussia.

Name of Medical Attendant, or other person who makes this Return, Mrs. Annie Jeems.

Address, No. 1603 S. Charles St.

Remarks, Yours: Respectfully,

8440001499



RETURN OF A BIRTH.

54607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 1st.

4. Place of Birth, (Street and Number) 1902 E. Chase st.

5. Full Name of Mother, Mary Lizzie Warner

6. Mother's Maiden Name, Mary Lizzie Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Warner

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Cordelia Howard

Address, 1013 N. Chapple St.

Remarks,

18940001410

A.

RETURN OF A BIRTH 54608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth, *March first 1894*
 4. Place of Birth, (Street and Number) *832 Vine street*
 5. Full Name of Mother, *Georgianna Wooden*
 6. Mother's Maiden Name, *Georgianna Webb*
 7. Mother's Birthplace, *Baltimore Md*
 8. Full Name of Father, *George Wooden*
 9. Father's Occupation, *Stenographer*
 10. Father's Birthplace, *Annapolis Md*
 Name of Medical Attendant, or other person who makes this Return, *Carolina Zullen*
 Address, *1066 Baltoy street*
 Remarks,

18940001411

RETURN OF A BIRTH. 54609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 12/94
4. Place of Birth, (Street and Number) No 106 Edgar place
5. Full Name of Mother, Minnie Krause
6. Mother's Maiden Name, Simon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Krause
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs L. Yeans
- Address, No 1907 E Monument St
- Remarks,

18940001412

RETURN OF A BIRTH. 54610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

African

3. Date of Birth,

March 1- 94

4. Place of Birth, (Street and Number)

802 Sterling

5. Full Name of Mother,

Lucie Reed

6. Mother's Maiden Name,

Lucie Jones

7. Mother's Birthplace,

St Marys Co.

8. Full Name of Father,

Richard Reed

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Daniel V Wray M.D.

Address,

1200 N. Edin St.

Remarks,

8940001413

RETURN OF A BIRTH. 54611
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2nd

1. Sex, (state whether male or female)... Female

2. Race or Color, (if not of the white race)... White

3. Date of Birth, March 14, 1891

4. Place of Birth, (Street and Number)... 313, 2, 23 E St

5. Full Name of Mother, Ellen E. Brown

6. Mother's Maiden Name, Rebecca Reynolds

7. Mother's Birthplace, Maryland

8. Full Name of Father, John Brown

9. Father's Occupation, Clerk St. D. R.R.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Nelson J. ...

Address, ...

Remarks, ...

8940001414

RETURN OF A BIRTH. 5461¹² 52

Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

er, (state whether 1st, 2d, 3d, &c.) 11th Child
Male or Female Colored Male
not of the white race Colored
March 1st 1894
Street and Number 123 Welcome Alley
her Rachel Johnson
Name Rachel Johnson
os Harford County
her Archie Johnson
n Larch
re Larch
Attendant, or other Person who makes this return
Chas. E. Taylor
D. J. Taylor

18940001415

RETURN OF A BIRTH. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

54613

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) Colored
- Date of Birth, Mar 1st 1894
- Place of Birth, (Street and Number) Hoffmans Lane No 25
- Full Name of Mother, Annie Maria Hughes
- Mother's Maiden Name, Annie Maria Hunter
- Mother's Birthplace, Howard Co Md
- Full Name of Father, Moses T Hughes
- Father's Occupation, Good carrier
- Father's Birthplace, Montgomery Co
- Name of Medical Attendant, or other person who makes this Return, Mrs Elizabeth Hicks
- Address, Carroll Post Office
- Remarks,

Subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

to be recovered as other lines and forfeitures are recoverable.

A

RETURN OF A BIRTH. 54614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5^d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 1st 1898

4. Place of Birth, (Street and Number) 207 Stemmersble

5. Full Name of Mother, Anna Gibis

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Europe

8. Full Name of Father, Emanuel Gibis

9. Father's Occupation, Lebner

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter str

Remarks, _____

8940001417

RETURN OF A BIRTH 54615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 12th

Sex, (state whether male or female) male

Race or color, (if not of the white race) white

Date of Birth, 1. March 94

Place of Birth, (Street and Number) 613 IV. German St

Full Name of Mother, Regina Kerbel

Mother's Maiden Name, Regina Frickling

Mother's Birthplace, Austria

Full Name of Father, Adolf Kerbel

Father's Occupation, designer

Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this return, Dr. Robt. Hoffmann

Address, 502 W. Fayette St

Remarks,

1 8 9 4 0 0 0 1 4 1 8

jected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

For every failure to file the required return, a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A

RETURN OF A BIRTH. 54616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) YB 031039800

3. Date of Birth, 1 March 1912

4. Place of Birth, (Street and Number) 522 of Gay St

5. Full Name of Mother, Minnie Rogers

6. Mother's Maiden Name, Santo

7. Mother's Birthplace, Russia

8. Full Name of Father, Isaac Rogers

9. Father's Occupation, shoe maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R Allen

Address, 1302 E Lexington St

Remarks, Full name of child - Irving Rogers

1 8 9 4 0 0 0 1 4 1 9

Do not write in other lines until forfeitures are recoverable.

RETURN OF A BIRTH. 54617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1th February 1894.
4. Place of Birth, (Street and Number) St. Charles St. No. 1439.
5. Full Name of Mother, Emma Proffler.
6. Mother's Maiden Name, " Meiselski.
7. Mother's Birthplace, Germany.
8. Full Name of Father, August Proffler.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.
Name of Medical Attendant, or other person who makes this Return, Lizzie K. Proffler.
Address, Fort Ave. No. 1412 1/2.
Remarks, Locust Point.

18940001420

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A

RETURN OF A BIRTH. 54618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, March

4. Place of Birth, (Street and Number) 1369 G. street N.W.

5. Full Name of Mother, Marie Ballenstadt

6. Mother's Maiden Name, " Pichs

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Ballenstadt

9. Father's Occupation, Sgt. for de Metropolitan Life Insurance

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. J. W. Johnson

Address, 1369 G. street N.W.

Remarks,

18940001421

RETURN OF A BIRTH. 54619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) African

3. Date of Birth, Feb. March 2nd

4. Place of Birth, (Street and Number) 1736 Ashland Ave

5. Full Name of Mother, Lavinia Johnson

6. Mother's Maiden Name, Lavinia Johnson

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Green

9. Father's Occupation, Porter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Peggie Hudnall

Address, 1736 Ashland Ave

Remarks, The above named persons are

not married

2940001422

RETURN OF A BIRTH. 54620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Born
 Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March 2nd 1894
 4. Place of Birth, (Street and Number) 426 W. Lombard St.
 5. Full Name of Mother, Bertha J. Hanisman
 6. Mother's Maiden Name, Bertha J. Smith
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, David W. Hanisman
 9. Father's Occupation, Stone Moulder
 10. Father's Birthplace, Baltimore Md.
 Name of Medical Attendant, or other person who makes this Return, Susan Thurman
 Address, 234 S. Fayette St.
 Remarks,

18940001423

CERTIFICATE CORRECTED 2-15-52

RETURN OF A BIRTH. 54621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Harry Lee Roy Catman* (Circled A)
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 Sex, (state whether male or female) *Male*
 Race or Color, (if not of the white race) *White*
 Date of Birth. *Feb. 28th 1902*
 Place of Birth, (Street and Number) *1259 Riverside Ave.*
 Full Name of Mother, *Ida Leaman*
 Mother's Maiden Name, *Ida Leeman*
 Mother's Birthplace, *Baltimore Md.*
 Full Name of Father, *Harry Lee Leaman*
 Father's Occupation, *Engineer*
 Father's Birthplace, *Baltimore Md.*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Annie Jones*
 Address, *No. 1603 S. Charles St.*
 Remarks, *Jones. Respectfully,*

894000-1424

Not to be filled in by Registrar of Health, Baltimore City. To be filled in by Registrar of Health, Baltimore City.

RETURN OF A BIRTH. 54622
 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race)
 Date of Birth 2 March 1894
 Place of Birth, (Street and Number) 1115 McElderry St
 Full Name of Mother, Wolda Steinbach
 Mother's Maiden Name, Scherer
 Mother's Birthplace, Russia
 Full Name of Father, Abraham Steinbach
 Father's Occupation, Tailor
 Father's Birthplace, Russia
 Name of Medical Attendant, or other person who makes this Return, Mrs R. M. M.
 Address, 1302 O. Lehigh St
 Remarks;

8940001425

17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100



RETURN OF A BIRTH. 54623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. Child
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born March 2nd 1894
4. Place of Birth, (Street and Number) # 75. Browns Lane
5. Full Name of Mother, Mrs. Lucy Solovey
6. Mother's Maiden Name, Miss "J" Sodosky
7. Mother's Birthplace, Russia Germany
8. Full Name of Father, Abram Solovey
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia Germany
- Name of Medical Attendant, or other person who makes this Return, Mrs. Miller
- Address, # 2127 W. Pratt Str
- Remarks, _____

8 9 4 0 0 0 1 4 2 6

△

RETURN OF A BIRTH. 54624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W. & C.
3. Date of Birth, 2 Feb. May 1894
4. Place of Birth, (Street and Number) Hametown St. No. 1415
5. Full Name of Mother, Ana Schreiner
6. Mother's Maiden Name, Healdin
7. Mother's Birthplace, Germany
8. Full Name of Father, August Schreiner
9. Father's Occupation, Wagon Maker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return. Haroldine Tubway
- Address, Frank E. G. No. 834
- Remarks, 18940001427

Printed at the City of Baltimore, Md., by C. Dulany Co., City Printers and Stationers.

A.

RETURN OF A BIRTH. 54625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 2. March

4. Place of Birth, (Street and Number) 1310 Andree St.

5. Full Name of Mother, Margaret Reese

6. Mother's Maiden Name, of Davies

7. Mother's Birthplace, Ireland

8. Full Name of Father, William Reese

9. Father's Occupation, Bookbinder

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Thos. McFarlane

Address, Flac St. 1331 L.P.

Remarks, _____

18940001428

Penalty for failure to file or late filing of this section shall be sub-
mission of the fine or ten (10) dollars for each offense, to be recovered as other fines and
forfeitures are recoverable.



RETURN OF A BIRTH 54 626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex, (state whether ~~male~~ or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 2nd 1894*
4. Place of Birth, (Street and Number) *1931 White St.*
5. Full Name of Mother, *Mrs. Caroline B. Worthington*
6. Mother's Maiden Name, *Miss Caroline B. Ogles*
7. Mother's Birthplace, *Prince George's Co. Md.*
8. Full Name of Father, *Thomas H. Worthington*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Howard Co. Md.*
- Name of Medical Attendant, or other person who makes this Return, *Basil J. Shaw M.D.*
- Address, *G. S. Fulton Ave.*
- Remarks,

8 9 4 0 0 0 1 4 2 9



RETURN OF A BIRTH. 54627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 2nd 1894

4. Place of Birth, (Street and Number)

31 Birchhead St

5. Full Name of Mother,

Martha Risley

6. Mother's Maiden Name,

Martha Cotyner

7. Mother's Birthplace,

Paris France

8. Full Name of Father,

Octavius Risley

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Wilmington South Carolina

Name of Medical Attendant,

Ellenmore A. Anderson

Address,

1434 Patuxco St

Remarks,

8940001430

RETURN OF A BIRTH. 54628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Edward D. Hoffman

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 March 1894

4. Place of Birth, (Street and Number) 1901 Wilkins Ave

5. Full Name of Mother, Annie S. W. Hoffman

6. Mother's Maiden Name, Annie S. W. Miller

7. Mother's Birthplace, Balt. City

8. Full Name of Father, Eddie Hoffman

9. Father's Occupation, Straker

10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other person who makes this Return

Address, 1615 S. E. St. Louis

Remarks, 731 Cumberland St

1 8 9 4 0 0 0 1 4 3 1

RETURN OF A BIRTH. 54 629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March 3^d 1894
 4. Place of Birth, (Street and Number) 331 Pearl Street
 5. Full Name of Mother, Mary Ellen O'Brien
 6. Mother's Maiden Name, Maguire
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, James C. O'Brien
 9. Father's Occupation, Grocer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Susan Glanton
 Address, 221 Poppleton St
 Remarks,

1 8 9 4 0 0 0 1 4 3 2

RETURN OF A BIRTH 54630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Feb. 3rd 1894*

4. Place of Birth (Street and Number), *#1338 Penna ave.*

5. Full Name of Mother, *Mary J. Seale*

6. Mother's Maiden Name, *Mary J. Connolly*

7. Mother's Birthplace, *Balto. Md.*

8. Full Name of Father, *William Seale*

9. Father's Occupation, *Shipping Clerk*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return, *M. G. Smith M.D.*

Address, *~~22~~ #1112 David Hill ave.*

Remarks,

18940001433

one of ten (10) dollars
once, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 3 March
 4. Place of Birth, (Street and Number) 1432 Andree St.
 5. Full Name of Mother, Mary Schleicher
 6. Mother's Maiden Name, Schultz
 7. Mother's Birthplace, Howard Co. Md.
 8. Full Name of Father, Chas. Schleicher
 9. Father's Occupation, Stevedore
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Wm. McFarlane
 Address, 1432 Andree St. L. J.
 Remarks,

8940001434

RETURN OF A BIRTH. 54632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
 Sex, (state whether male or female) Female
 Race or Color, (if not of the white race) White
 Date of Birth, March 3 1894
 Place of Birth, (Street and Number) No 1512 Aquant St
 Full Name of Mother, Katie Siegman
 Mother's Maiden Name, Katie Freitag
 Mother's Birthplace, Germania
 Full Name of Father, John Siegman
 Father's Occupation, Butcher
 Father's Birthplace, Baltimore Md
 Name of Medical Attendant, or other person who makes this Return, Mrs M. Lester
 Address, 1600 East Lanvale st
 Remarks,

8940001435

RETURN OF A BIRTH 54633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

white

3. Date of Birth,

3d. March.

4. Place of Birth (Street and Number),

250 N. Center St

5. Full Name of Mother,

Miss. A. B. Thomas

6. Mother's Maiden Name,

Baltimore Md.

7. Mother's Birthplace,

Charles County

8. Full Name of Father,

Salomon Kuper

9. Father's Occupation,

10. Father's Birthplace,

G. M. Lieberman M.D.

Name of Medical Attendant, or other person who makes this Return.

Address, 237 N. Gibson St

Remarks,

5940001436

RETURN OF A BIRTH. 54634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14th

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

White
March 3rd 1894
1854 McHenry &

Annie Reunenberg
Lincoln

Washington DC
Frank Reunenberg
Prussian Doctorman

Germany

H. S. S. S. S. S.

In Attendance with Mrs. Lotz Midwife
Smauwood &c

8940001437

of each child, or recovered as other files and forfeitures are recoverable.

RETURN OF A BIRTH 54635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (State whether male or female) *Male*
2. Race or color, (if not of the white race) *Color*
3. Date of Birth, *march 3*
4. Place of Birth, (Street and Number) *Baltimore stockholders 850*
5. Full Name of Mother, *Catharine Wright*
6. Mother's Maiden Name, *Catharine Stewkins*
7. Mother's Birthplace, *Mountgomery county*
8. Full Name of Father, *Joseph Knight*
9. Father's Occupation, *hard carrying*
10. Father's Birthplace, *Ch. Mc Co Virginia*
- Name of Medical Attendant, or other person who makes this Return, *Stacy Harris*
- Address, *818 Stockholders street*
- Remarks: *8940001438*

RETURN OF A BIRTH. 54636 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child
Male Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Saturday afternoon March 3rd 1894

4. Place of Birth, (Street and Number)

No 1038 Hopkins Avenue. W

5. Full Name of Mother,

Carrie Fanner Elough

6. Mother's Maiden Name,

Carrie Fanner Daniels

7. Mother's Birthplace,

York, Penna.

8. Full Name of Father,

Henry William Elough

9. Father's Occupation,

Janitor, Balto Post Office

10. Father's Birthplace,

Stewartstown, Penna

Name of Medical Attendant, or other person who makes this Return,

Fannie Myers

Address,

No. 713. Little Monument St

Remarks,

(No Remarks)

18940001439

in the future as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 4th 1894*
4. Place of Birth, (Street and Number) *814 W. Franklin Street*
5. Full Name of Mother, *Louise Brookheiser*
6. Mother's Maiden Name, *Louise Snyder*
7. Mother's Birthplace, *Baltimore City, Maryland*
8. Full Name of Father, *John William Brookheiser*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Baltimore City, Maryland*
11. Name of Medical Attendant, or other person who makes this Return, *J. B. [illegible]*
- Address, *212 W. Franklin St.*
- Remarks, *18940001440*



RETURN OF A BIRTH. 54638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4 March 1894
4. Place of Birth, (Street and Number) 109 Pearson St city
5. Full Name of Mother, Annie Jackson
6. Mother's Maiden Name, Annie Galka
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Andrew Jackson
9. Father's Occupation, labor
10. Father's Birthplace, Baltimore city
Name of Medical Attendant, or other person who makes this Return, Cornelia Allen
Address, 1407 Nicholson St city
Remarks,

8940001441

RETURN OF A BIRTH. 54639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Born March 4th 1894

4. Place of Birth, (Street and Number)

#2113 Wilkins Ave

5. Full Name of Mother,

Mrs. Emma Albrecht

6. Mother's Maiden Name,

Miss Riehl

7. Mother's Birthplace,

Balto City

8. Full Name of Father,

Theodore Albrecht

9. Father's Occupation,

Cooper

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other person who makes this Return.

Mrs. Hailler

Address,

#2127 W. Pratt Str

Remarks,

8940001442

RETURN OF A BIRTH. 54640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Col*

3. Date of Birth *March 4th 1894*

4. Place of Birth, (Street and Number) *19 Hanover st*

5. Full Name of Mother, *Barrie Miller*

6. Mother's Maiden Name, *" Johnson*

7. Mother's Birthplace, *Balti*

8. Full Name of Father, *James Miller*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return, *Margreth Spragg*

Address, *127 Winter st Balto Md*

Remarks,

For child subject to be returned to the Office of Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH 54641

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
Sex, (state whether male or female) *Male*
Race or Color, (if not of the white race) *White*
Date of Birth, *March 4th 1894*
Place of Birth, (Street and Number) *1013 Linden Avenue*
Full Name of Mother, *Lucy Chaudlee Fournier*
Mother's Maiden Name, *Lucy Chaudlee*
Mother's Birthplace, *Baltimore*
Full Name of Father, *Horace B. Fournier Jr.*
Father's Occupation, *Civil Engineer*
Father's Birthplace, *New York*
Name of Medical Attendant, *Delora D. Brewster, M.D.*
or other Person who makes this Return
Address, *1221 Madison Ave.*
Baltimore
Remarks,

15940001444



RETURN OF A BIRTH. 54642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col

3. Date of Birth March 4th 1894

4. Place of Birth, (Street and Number) 27 Gould Lane

5. Full Name of Mother, Mary Dickson

6. Mother's Maiden Name, Johnson

7. Mother's Birthplace, Balto

8. Full Name of Father, Wil Dickson

9. Father's Occupation, Laborer

Father's Birthplace, Anna Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return, Margreth Grigg

Address, 127 Winter St Balto Md

Remarks,

for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH. 54643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th 94

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4th 94

4. Place of Birth, (Street and Number) 1175 Cleveland St.

5. Full Name of Mother, Emma Volz

6. Mother's Maiden Name, Hepp

7. Mother's Birthplace, Germany

8. Full Name of Father, John W. Baker

9. Father's Occupation, Piano Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. D. & W. Gornbel

Address, 128 W. Lee St.

Remarks,

8940001446

RETURN OF A BIRTH. 54644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4th May 1894

4. Place of Birth, (Street and Number) Harper St. No. 1223

5. Full Name of Mother, Lene M. M. M.

6. Mother's Maiden Name, Scholtz

7. Mother's Birthplace, Germany

8. Full Name of Father, Teodor M. M.

9. Father's Occupation, Woodman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this return.

Address, Caroline Schwegel, East E. by No. 434

Remarks, 8940001447

RETURN OF A BIRTH.

54645

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether Male or Female).

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth.

March 4th 1894

4. Place of Birth (Street and Number)

8912 E. Fayette St.

5. Full Name of Mother

Mary Vaggie Kelly

6. Mother's Maiden Name

M. L. Barnes

7. Mother's Birthplace.

Baltimore, Md.

8. Full Name of Father

James Kelly

9. Father's Occupation

Electrical Painter

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

James E. Driville, M.D.

Address

1701 Baltimore St. East.

Remarks

18940001448



RETURN OF A BIRTH. 54646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th.

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

Dec. 4th 94

5. Place of Birth, (Street and Number)

913 Ramsay St

6. Full Name of Mother,

Ann Maguire

7. Mother's Maiden Name,

Ann Murphy

8. Mother's Birthplace,

Ireland

9. Full Name of Father,

John Maguire

10. Father's Occupation,

Moulder

11. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

Henry C. O'Neil, M.D.

Address,

1203 N. Fayette St

Remarks,

8940001449

RETURN OF A BIRTH. 54647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) first female

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 4th 1894

4. Place of Birth, (Street and Number) no 1927 Eastern ave

5. Full Name of Mother, Sarah Gordon

6. Mother's Maiden Name, Sarah Sullivan

7. Mother's Birthplace, Virginia

8. Full Name of Father, William B. Gordon

9. Father's Occupation, Truckster

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. Adolph C. Eisenberg

Address, 408 S. Washington St

Remarks,

18940001450



RETURN OF A BIRTH. 54698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th of March 1894
4. Place of Birth, (Street and Number) 236 Patterson Park Ave
5. Full Name of Mother, Fannie Gibson
6. Mother's Maiden Name, Fannie Thaukersley
7. Mother's Birthplace, Somerset, Can
8. Full Name of Father, Thomas Gibson
9. Father's Occupation, Collector
10. Father's Birthplace, Baltimore M.D.
- Name of Medical Attendant, or other person who makes this Return. Mrs. Lea Hille M.D.
- Address, 207 N. Castle St Baltimore
- Remarks,



RETURN OF A BIRTH 54649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March the 4th

4. Place of Birth, (Street and Number)

No. 4 Wessensfield Court

5. Full Name of Mother,

Julia May Long

6. Mother's Maiden Name,

Julia May Long

7. Mother's Birthplace,

Accomac County Va.

8. Full Name of Father,

Thomas James Edwin

9. Father's Occupation,

Labouring

Father's Birthplace,

Quincy

Name of Medical Attendant, or other person who makes this Return,

Heater Hanson

Address,

No. 1674 Trotter Court

Remarks,

A

RETURN OF A BIRTH.

54650

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 4 12²⁰ A.M. 1894*
4. Place of Birth (Street and Number) *1808 Banks St*
5. Full Name of Mother *Ellen Fabb*
6. Mother's Maiden Name *E. Wanshew*
7. Mother's Birthplace *Prindel Co. Ind.*
8. Full Name of Father *Thomas Tillman Fabb*
9. Father's Occupation *Mechanic*
10. Father's Birthplace *Prindel Co. Ind.*
- Name of Medical Attendant, or other Person who makes this Return. *James E. Donnell M.D.*
- Address *1701 Baltimore St East*
- Remarks

8940001453

ected to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54 637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Yellow

3. Date of Birth,

March 14-1904

4. Place of Birth, (Street and Number)

5-5V Orchard St

5. Full Name of Mother,

Martha J. Rogers

6. Mother's Maiden Name,

Martha Brannan

7. Mother's Birthplace,

Palmer, Dorchester Co, Md

8. Full Name of Father,

Dennis Rogers

9. Father's Occupation

Walter

Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return,

C. M.

Address,

622 George St

Remarks,

8940001454

RETURN OF A BIRTH 54658

△ To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 4, 1900

4. Place of Birth, (Street and Number) 120 S. W. Ave. St.

5. Full Name of Mother, Annie Rose L. Deane

6. Mother's Maiden Name, L. Deane

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Henry S. Deane

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W. E. R. R. R.

Address, 212 N. Patterson St. Ave.

Remarks, 8 9 4 0 0 0 1 4 5 5

penalty in the sum of ten (10) dollars for each offense, to be recovered as costs, fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. If the person shall be subject to a fine of ten (10) dollars for each offence, to be recovered as ordered by the court, and for failure to be recoverable.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 5th
4. Place of Birth, (Street and Number) Duncan Alley 1834
5. Full Name of Mother, Pauline Troy
6. Mother's Maiden Name, Pauline Egan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Troy
9. Father's Occupation, Collector
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return, Mrs. Egan
- Address, 1600 N. 6th St
- Remarks, 8940001458

to the Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH. 54660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, March 5th 1894

4. Place of Birth, (Street and Number) 118 Hill St

5. Full Name of Mother, Maryrebeah Williams

6. Mother's Maiden Name, Maryrebeah Irving

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Willie Mc Williams

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Charlotte Williams

Address, 910 Leaden - Hill

Remarks, _____

18940001457

RETURN OF A BIRTH. 54661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second.

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,...

5 of March

1894

4. Place of Birth, (Street and Number)...

790 Fredricks St.

5. Full Name of Mother,...

Lizzie Morsberger

6. Mother's Maiden Name,...

Lizzie Dove

7. Mother's Birthplace,...

Baltimore

8. Full Name of Father,...

Theo Morsberger

9. Father's Occupation,...

Carpenter and Builder

Father's Birthplace,...

Fredricks Road

Name of Medical Attendant,...

or other person who makes this Return.

Mrs. Weaver Colver

Address,...

790 Fredricks St.

Remarks,...

8940001458

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

54662

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 5/94

4. Place of Birth (Street and Number)

1121 Kidgeley St

5. Full Name of Mother

Annie Virginia Kraft

6. Mother's Maiden Name

Annie Virginia Ward

7. Mother's Birthplace

Balto city

8. Full Name of Father

Louis Frederick Kraft

9. Father's Occupation

Wagoner

10. Father's Birthplace

Balto city

Name of Medical Attendant, or other Person who makes this Return.

E. Michigan M.D.

Address

407 S. Sharp St

Remarks

8940001459

RETURN OF A BIRTH, 54663

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Frances Myrtle Lewis
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
 1. Sex (state whether male or female) Female
 2. Race or Color, (if not of the white race)
 3. Date of Birth Feb Day of March 1894
 4. Place of Birth, (Street and Number) 1441 Madison St Balt
 5. Full Name of Mother Margaret Ann Lewis
 6. Mother's Maiden Name Margaret Ann Smith
 7. Mother's Birthplace Balt
 8. Full Name of Father Charles W Lewis
 9. Father's Occupation Engineer
 10. Father's Birthplace Balt Md
 Name of Medical Attendant, or other Person who makes this Return. CHAS W LEWIS
 Address 4-19-54
 Remarks R. M.

RETURN OF A BIRTH 546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female (Frolic Elizabeth)*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 10th 1894*

4. Place of Birth, (Street and Number) *1914 Chase street*

5. Full Name of Mother, *Kate Schmid*

6. Mother's Maiden Name, *Kate Metzger*

7. Mother's Birthplace, *Fredricks Maryland*

8. Full Name of Father, *David F. Schmid*

9. Father's Occupation, *Carpenter*

Father's Birthplace, *Stem Roanoke County Va*

Name of Medical Attendant, or other person who makes this Return, *Miss Whiteford M.D.*

Address, *519 Wisconsin Street*

Remarks,

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *March 5th 1894*
4. Place of Birth, (Street and Number) *No 578 St Paul St*
5. Full Name of Mother, *Mary L. Freeman*
6. Mother's Maiden Name, *" " Williams*
7. Mother's Birthplace, *No 101k Va*
8. Full Name of Father, *Andrew J. Freeman*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *Georgia*

Name of Medical Attendant, or other person who makes this Return, *Amelia Johnson*

Address, *No 1024 Park Ave*

Remarks, _____

1 8 9 4 0 0 0 1 4 6 2

RETURN OF A BIRTH. 52466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Colored.
 3. Date of Birth, March 6th 1894.
 4. Place of Birth, (Street and Number) No 840 Hillen St.
 5. Full Name of Mother, Lennie Mason
 6. Mother's Maiden Name, Banks.
 7. Mother's Birthplace, Baltimore, Md.
 8. Full Name of Father, Alfred Mason.
 9. Father's Occupation, Clerk.
 10. Father's Birthplace, Frederick, Md.
 Name of Medical Attendant, or other person who makes this Return, Mrs. Fannie Myers
 Address, No 713 Little Monument St. City
 Remarks,

18940001463

RETURN OF A BIRTH. 54667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14
1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) African Colored
 3. Date of Birth, 6 March
 4. Place of Birth, (Street and Number) 1334 Whatecock St
 5. Full Name of Mother, Fanny Insley
 6. Mother's Maiden Name, Lucy Braxton
 7. Mother's Birthplace, Carlisle Co Virginia
 8. Full Name of Father, Henry Insley
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, King Queen Co Virginia
 - Name of Medical Attendant, or other person who makes this Return, Mrs Rollins
 - Address, 1616 Vincent St near Bkts.
 - Remarks,

8940001464

RETURN OF A BIRTH. 54668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
 1. Sex, (state whether male or female) Male.
 2. Race or Color, (if not of the white race) Colored.
 3. Date of Birth, March 6th 1894.
 4. Place of Birth, (Street and Number) No 13. E. Lexington St.
 5. Full Name of Mother, Lottie Watkins.
 6. Mother's Maiden Name, Williams.
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, John T. Watkins.
 9. Father's Occupation, Porter.
 10. Father's Birthplace, Baltimore Md.
 Name of Medical Attendant, or other person who makes this return, Mrs. Fannie Myers.
 Address, No 713 Little Monument St City.
 Remarks,

8940001465

OTHER LINE ADDED 5/5/60

RETURN OF A BIRTH. 54669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6th 1894
4. Place of Birth, (Street and Number) Six West Broadway
5. Full Name of Mother, Harriet E. Wilkins
6. Mother's Maiden Name, " " Jackson
7. Mother's Birthplace, Hagerstown, Penna
8. Full Name of Father, Geo. L. Wilkins
9. Father's Occupation, Physician
10. Father's Birthplace, Portsmouth, Virginia
- Name of Medical Attendant, or other person who makes this Return, Geo. L. Wilkins
- Address, Six West Broadway
- Remarks, 8940001466



RETURN OF A BIRTH. 54670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6 1904
4. Place of Birth, (Street and Number) 310 S. Broadway
5. Full Name of Mother, Ann M. C. Niederkam
6. Mother's Maiden Name, Rohle
7. Mother's Birthplace, B. C.
8. Full Name of Father, August Niederkam
9. Father's Occupation, Processor
10. Father's Birthplace, Richmond, Va.
- Name of Medical Attendant, or other person who makes this Return, Dr. A. Williams
- Address, 6 West Broadway
- Remarks, 8940001467

GIVEN NAME ADDED. 7-11-56
RETURN OF A BIRTH. 54 671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Catherine Haenster 3
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *March-6-1894*

4. Place of Birth, (Street and Number) *307 N. Central Ave*

5. Full Name of Mother, *Carrie Elizabeth Haenster*

6. Mother's Maiden Name, *Haenster*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Isaac Haenster*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *City*

Name of Medical Attendant, *W. B. Danneberg*
or other person who makes this Return.

Address, *1729 E. Baltimore St.*

Remarks,

8940001468

RETURN OF A BIRTH. 54672
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return

Address

Remarks

8940001469

RETURN OF A BIRTH. 54673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Mar. 6. 94
4. Place of Birth, (Street and Number) 1813 Canton Ave.
5. Full Name of Mother, Mrs. Anna Kattarina Haas Hanson
6. Mother's Maiden Name, Miss " Haas
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. Washington Hanson
9. Father's Occupation, Clerk in Superior Court
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, G. G. Ruck M. D.
- Address, 2000 C Balt. St.
- Remarks, Natural delivery
- 18940001470

jected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

54674

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 1894

4. Place of Birth, (Street and Number) Week street

5. Full Name of Mother, Mary Kennard

6. Mother's Maiden Name, Mary Kennard

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Lawrence Mololy

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Cassalia Kennard

Address, 1013 N. Chapple Street

Remarks, W 200
58940001471

RETURN OF A BIRTH. 54675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
- Sex, (state whether male or female) male
- Race or Color, (if not of the white race) Colored
- Date of Birth, March 7 1898
- Place of Birth, (Street and Number) Pratt St 151-2
- Full Name of Mother, Sophia Levy
- Mother's Maiden Name, Fraser
- Mother's Birthplace, Colbert Co
- Full Name of Father, David Levy
- Father's Occupation, Contracting
- Father's Birthplace, El Colbert Co Calvert Co
- Name of Medical Attendant, or other person who makes this Return, Sarah McNamee
- Address, Princeton Avenue 1610
- Remarks,

18940001472

Penalty for the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A DEATH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female)

1. Sex, (state sex)
 Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

10. *Father's Name* _____, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 | 4 7 3

RETURN OF A BIRTH. 54677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) White
- Date of Birth, March 9/94
- Place of Birth, (Street and Number) 1710 E Lombard St
- Full Name of Mother, Mary E. Berger
- Mother's Maiden Name, Mary E. Peregoy
- Mother's Birthplace, Balto
- Full Name of Father, William J. Berger
- Father's Occupation, Car Prospector
- Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, Mary E. Peregoy
- Address, 1903 Gough St
- Remarks,

8940001474A

RETURN OF A BIRTH. 54678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7th March

4. Place of Birth, (Street and Number) 105 Prattford St

5. Full Name of Mother, Anna Kendal

6. Mother's Maiden Name, Anna Funk

7. Mother's Birthplace, Baltimore M.D.

8. Full Name of Father, Charles Kendal

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return, Mrs. L. A. Miller

Address, 207 N. Castle St

Remarks, Full term

and all errors are recoverable.

GIVEN NAME ADDED 4-6-56
RETURN OF A BIRTH

54679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter Harris

Age of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 7th March 1894

4. Place of Birth, (Street and Number) 1114 Washington St.

5. Full Name of Mother, Salva Harris

6. Mother's Maiden Name, Perth

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John B. Harris

9. Father's Occupation, Shoe maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Gross

Address, 1917 O Monument St.

Remarks, _____

8940001476

RETURN OF A BIRTH. 54680

of Registrar of Vital Statistics, Board of Health, Baltimore City.

her, (state whether 1st, 2d, 3d, &c.)

male or female)

not of the white race)

Street and Number

ther,

Name,

ace,

ther,

on,

ice,

Attendant, or other person who makes this Return.

8940001477

and for failures are recoverable.

RETURN OF A BIRTH. 54681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Benhardt Frederick Bollack
of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 2 of Mar
 4. Place of Birth, (Street and Number) 2308 O. Donnell
 5. Full Name of Mother, Rose (Bollack) Bollack
 6. Mother's Maiden Name, (Cook) Cook
 7. Mother's Birthplace, Balta
 8. Full Name of Father, Peter (Bollack) Bollack
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, Balta
 11. Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss
2522 Lancaster St.
- Address, _____
- Remarks, _____

8940001478

of the facts are recoverable.



RETURN OF A BIRTH. 54682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4 March
4. Place of Birth, (Street and Number) 1634 East Ave
5. Full Name of Mother, Lucina Port
6. Mother's Maiden Name, " Johansen
7. Mother's Birthplace, Amagalis N. I.
8. Full Name of Father, Emil Port
9. Father's Occupation, Teacher
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Wm. M. Jones
Address, 1231 Hull St. D 92
Remarks, _____

8940001479

RETURN OF A BIRTH. 54683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

15th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March 7th

4. Place of Birth, (Street and Number)

10 1st St

5. Full Name of Mother,

Annis W. Gustin

6. Mother's Maiden Name,

Annis W. Gustin

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

James W. Gustin

9. Father's Occupation,

Truckster

10. Father's Birthplace,

Baltimore, Md

Name of Medical Attendant, or other person who makes this Return,

J. C. Bredin M.D.

Address,

420 W. 1st St

Remarks,

8940001480

See also City and State of Birth and Certificates are recoverable.



RETURN OF A BIRTH. 54684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race) white
4. Date of Birth, March 7th 1894
5. Place of Birth, (Street and Number) No 205 Fort Ave
6. Full Name of Mother, Annie Gricter
7. Mother's Maiden Name, Annie Hammerbacher
8. Mother's Birthplace, Baltimore
9. Full Name of Father, James F. Gricter
10. Father's Occupation, Cabinet Maker
11. Father's Birthplace, Belgium
- Name of Medical Attendant, Catherine Hornung
- Address, No 1547 Byrd St
- Remarks, ☒ or other person who makes this Return.

8940001481

RETURN OF A BIRTH.

54685

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. Sex (state whether male or female) *7* *ch* *male*
 2. Race or Color (if not of the white race) *white*
 3. Date of Birth *March 7*
 4. Place of Birth (Street and Number) *502 Row St.*
 5. Full Name of Mother *Annie Mary Duffey*
 6. Mother's Maiden Name *Thelen*
 7. Mother's Birthplace *Ottoville, Putnam Co. Ohio*
 8. Full Name of Father *Joe Harry Duffey*
 9. Father's Occupation *Labour*
 10. Father's Birthplace *Harpers Ferry*
 Name of Medical Attendant, or other Person who makes this Return. *Dr. W. Thelen Midwife*
 Address *216 Madison St.*
 Remarks *Mother & child are doing well*

8940601482

54686
 RETURN OF A BIRTH.
 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 7th 1894*
4. Place of Birth, (Street and Number) *721 Airquitt St.*
5. Full Name of Mother, *Finey Somerfeld*
6. Mother's Maiden Name, *Greenwood*
7. Mother's Birthplace, *Balto Md*
8. Full Name of Father, *Isidor Somerfeld*
9. Father's Occupation, *Restaurant Keeper*
10. Father's Birthplace, *Lancaster Pa*
- Name of Medical Attendant, or other person who makes this return, *Francis A. Sauer M.D.*
- Address, *439 N. Central Ave.*
- Remarks,

8940001483

RETURN OF A BIRTH. 54687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

36th child

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 7/24

4. Place of Birth, (Street and Number)

#307 S. Center Street
Cvi Sapiora

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Mic Sapiora

9. Father's Occupation,

Shoe Shop

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return,

M^{rs} Lina Barber

Address,

#44 E. York Street

Remarks,

8940001484

RETURN OF A BIRTH. 54688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, March 7th 1894
 4. Place of Birth, (Street and Number) No. 1931 Brunt St
 5. Full Name of Mother, Mary L. Hester
 6. Mother's Maiden Name, Johnson
 7. Mother's Birthplace, Richmond Va
 8. Full Name of Father, John H. Hester
 9. Father's Occupation, Waiter
 10. Father's Birthplace, Winchester Va
 Name of Medical Attendant, or other person who makes this Return. Amelia Johnson
 Address, No 1024 Park Ave
 Remarks, _____

18940001485

Recorded to the line of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 54689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*
- Sex, (state whether male or female) *Female.*
- Race or Color, (if not of the white race) *Brown, African origin.*
- Date of Birth, *March 8th. 1894.*
- Place of Birth, (Street and Number) *W. Williams Alley, No. 805.*
- Full Name of Mother, *Mrs Mattie Wells.*
- Mother's Maiden Name, *Mattie Hall.*
- Mother's Birthplace, *Ann Arundel County Md.*
- Full Name of Father, *James Wells.*
- Father's Occupation, *Driver.*
- Father's Birthplace, *Baltimore, Md.*
- Name of Medical Attendant, or other person who makes this Return. *A. F. Volkman, M.D.*
- Address, *No. 628. S. Eutan St. Balt. Md.*
- Remarks,

8940001486

RETURN OF A BIRTH. 54690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 Sex, (state whether male or female) *Male*
 Race or Color, (if not of the white race) *White*
 Date of Birth, *8th of March 1894*
 Place of Birth, (Street and Number) *906 Miller Place.*
 Full Name of Mother, *Catharine Elizabeth Kirby.*
 Mother's Maiden Name, *Catharine Elizabeth Kirby.*
 Mother's Birthplace, *Baltimore City Maryland*
 Full Name of Father, *Thomas Francis Kirby.*
 Father's Occupation, *Shut-butler.*
 Father's Birthplace, *Baltimore City Maryland*
 Name of Medical Attendant, or other person who makes this Return. *Mr. Hunter.*
 Address, *234 Poppleton St.*
 Remarks,

+ 8940001487



RETURN OF A BIRTH. 54691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 Child*
- Sex, (state whether male or female) *girl*
2. Race or Color, (if not of the white race) *White Race*
3. Date of Birth, *Born March 8th*
4. Place of Birth, (Street and Number) *954 Frederick Ave*
5. Full Name of Mother, *Mrs. Christina Schurheit*
6. Mother's Maiden Name, *Miss Christina Zeller*
7. Mother's Birthplace, *Born Baltimore*
8. Full Name of Father, *Mr. Charles Schurheit*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Born Baltimore*
- Name of Medical Attendant, or other person who makes this return, *Mrs. Hiller*
- Address, *2127 West Pratt St*
- Remarks, *1 8 9 4 0 0 0 1 4 8 8*

RETURN OF A BIRTH. 54693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 Sex, (state whether male or female) female
 Race or Color, (if not of the white race) Colored
 Date of Birth, March 6
 Place of Birth, (Street and Number) 625 Parker St
 Full Name of Mother, Mary Haynes
 Mother's Maiden Name, Mary Locks
 Mother's Birthplace, Baltimore Ct
 Full Name of Father, Charles Haynes
 Father's Occupation, Laborer
 Father's Birthplace, Baltimore City
 Name of Medical Attendant, or other person who makes this Return, Louisa Lane
 Address, 642 1/2 Parker St
 Remarks, ✓

8940001490

Not to be filled out by the Registrar, but to be filled out by the person who makes this Return. If the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recovered.

RETURN OF A BIRTH.

54694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *March 8th 1894*
- Place of Birth, (Street and Number) *900 Ridgely St*
- Full Name of Mother, *Mary M Davis*
- Mother's Maiden Name, *Mary M. Rightler*
- Mother's Birthplace, *Balto*
- Full Name of Father, *Robt. E. Davis*
- Father's Occupation, *Driver of ice wagon*
- Father's Birthplace, *Balto*
- Name of Medical Attendant, or other person who makes this Return, *R. B. Phillips M.D.*
- Address, *753 W. Lexington St*
- Remarks,

8940001491

RECORDS OF BIRTHS ARE RECOVERABLE.

A

RETURN OF A BIRTH. 54693-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 8th 1892

4. Place of Birth, (Street and Number) 674 Baker St

5. Full Name of Mother, Mary Hartzell

6. Mother's Maiden Name, Goodman

7. Mother's Birthplace, Balt

8. Full Name of Father, Chas Hartzell

9. Father's Occupation, RR Employee

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Chas E. J. Smith

Address, _____

Remarks, _____

18940001492

jected to fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 54696
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 3-8-94
4. Place of Birth, (Street and Number) 529 Burgundy alley
5. Full Name of Mother, Mary Jackson
6. Mother's Maiden Name, Mary Adams
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mary Jackson
9. Father's Occupation, Waiter
10. Father's Birthplace, At Las Pollack Md
Name of Medical Attendant, or other person who makes this Return, 112 Eutam St. North
Address, _____
Remarks, _____

18940001493

ected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A

RETURN OF A BIRTH.

54697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 of May
4. Place of Birth, (Street and Number) 622 Port St
5. Full Name of Mother, Mary Fick
6. Mother's Maiden Name, Gleason
7. Mother's Birthplace, Balto.
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —
11. Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss
- Address, 2522 Lancaster St.
- Remarks, —

8940001494

RETURN OF A BIRTH. 54698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 8th 1893

4. Place of Birth, (Street and Number) No. 112 Stafford St

5. Full Name of Mother, Mary Goodrich

6. Mother's Maiden Name, Mary Leering

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert Goodrich

9. Father's Occupation, Teamster

10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940001495

For every person of whom a birth is reported, a fee of ten cents shall be collected to the fund for the recovery of the same. If the fee is not paid, the birth shall be considered as not reported, and the person shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A

RETURN OF A BIRTH. 54699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March, 8th 1894
4. Place of Birth, (Street and Number) 1731 N. Duncan Alley
5. Full Name of Mother, Eda Bensel
6. Mother's Maiden Name, Behler
7. Mother's Birthplace, York County Pa.
8. Full Name of Father, Henry R Bensel
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt
- Address, No. 7 Mine Rank Lane near North Ave.
- Remarks, none

18940001496

lected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A.

RETURN OF A BIRTH. 54700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 8, 1894

4. Place of Birth, (Street and Number) 20 S. Exeter str

5. Full Name of Mother, Lara Tades

6. Mother's Maiden Name, Bramson

7. Mother's Birthplace, Europe

8. Full Name of Father, Salaman Tades

9. Father's Occupation, merchant

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter Str

Remarks, 8940001497

RETURN OF A BIRTH.

54701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

March 8th 1894

4. Place of Birth, (Street and Number)

119 Diamond St

5. Full Name of Mother,

Alice Jarvis

6. Mother's Maiden Name,

Jefferson

7. Mother's Birthplace,

Va

8. Full Name of Father,

Jacob Jarvis

9. Father's Occupation

Laborer

10. Father's Birthplace,

Va

Name of Medical Attendant, or other person who makes this Return.

Abilla Brooks

Address,

1132 Warner St

Remarks,

Child lived one half day

8940001498

See how the recovered as other lines and deficiencies are recoverable.

RETURN OF A BIRTH. 54702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3

1 Sex, (state whether male or female)

male

2 Race or Color, (if not of the white race)

white

3 Date of Birth,

March 9 '94

4 Place of Birth, (Street and Number)

531 Laurens St

5 Full Name of Mother,

Mrs Mary A Litz

6 Mother's Maiden Name,

" " Oelander

7 Mother's Birthplace,

Balto

8 Full Name of Father,

Geo H Litz

9 Father's Occupation,

Insurance Broker

10 Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

T C Worthington

Address,

840 W Fayette St

Remarks,

18940001499



RETURN OF A BIRTH. 54703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 9th 1894.
4. Place of Birth, (Street and Number) 911. Granby St.
5. Full Name of Mother, Lizza Hatcher
6. Mother's Maiden Name, Lizza Dunn
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Henry Wacker
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt
Address, 1712 Eastern Ave. Baltimore Md.
Remarks, _____

1894.0001500

RETURN OF A BIRTH.

54704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *9 of March 1894*
 4. Place of Birth, (Street and Number) *1118 Lancaster St*
 5. Full Name of Mother, *Anna Salander*
 6. Mother's Maiden Name, *Anna Schmidt*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Martin Salander*
 9. Father's Occupation, *Sailor*
 10. Father's Birthplace, *Baltimore*
 11. Name of Medical Attendant, or other person who makes this Return, *Dr. Virginia Lewis*
 Address, *1159 Maryland Ave*
 Remarks, *Baltimore Md*

18940001501

RETURN OF A BIRTH. 54765 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Color

3. Date of Birth, Mosch

4. Place of Birth, (Street and Number) 1033 Watson St

5. Full Name of Mother, Martha Green

6. Mother's Maiden Name, Martha King

7. Mother's Birthplace, King George County Va

8. Full Name of Father, John Green

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Caroline Petersen

Address, 1401 Lewis St

Remarks, doing well

RETURN OF A BIRTH. 54706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

2. Sex, (state whether male or female) Male

3. Race or Color, (if not of the white race) White

4. Date of Birth, 7 of March 1894

5. Place of Birth, (Street and Number) 11521 Poplar Street

6. Full Name of Mother, Christina Small

7. Mother's Maiden Name, Christina Smith

8. Mother's Birthplace, Scotland

9. Full Name of Father, Arthur Small

10. Father's Occupation, Shipping Clerk

11. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs. Christina Small

Address, 1159 Maryland Ave

Remarks, Baltimore

8 9 4 0 0 0 1 5 0 3 md

IN OTHER PLACES AND SIGNED BY OTHERS ARE RECOVERABLE.

A

RETURN OF A BIRTH. 54707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, May 10th/94
4. Place of Birth, (Street and Number) 2024 Orleans St.
5. Full Name of Mother, Anna Lepore
6. Mother's Maiden Name, Allen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Schaefer
9. Father's Occupation, Householder
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Chas. L. Egan
- Address, 110 1907 to Monument St.
- Remarks, _____

18940001504

Penalty for each offense, to be recovered as other fines and forfeitures are recoverable

GIVEN NAME ADDED 6-6-60 54 8

RETURN OF A BIRTH.
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clara Frances Albrecht
third

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

f.
white

2. Race or Color, (if not of the white race)

Mar 10 194

3. Date of Birth,

1604 Regester

4. Place of Birth, (Street and Number)

Clara F Albrecht

5. Full Name of Mother,

" " Riegel

6. Mother's Maiden Name,

Balto

7. Mother's Birthplace,

Geo. A. Albrecht

8. Full Name of Father,

Collector

9. Father's Occupation,

Balto

10. Father's Birthplace,

Wm J. Watson

Name of Medical Attendant, or other person who makes this Return,

1519 Broadway

Address,

Remarks,

18940001505



RETURN OF A BIRTH. 54 709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, March 10th 1894

4. Place of Birth, (Street and Number) 1725 E Pratt St

5. Full Name of Mother, Amelia J. Waters

6. Mother's Maiden Name, Cabinsure

7. Mother's Birthplace, Balt., Md.

8. Full Name of Father, George W. Waters

9. Father's Occupation, Barber

10. Father's Birthplace, Balt., Md.

Name of Medical Attendant, W. A. Dunbar
or other person who makes this Return.

Address, 224 E Pratt St

Remarks, Living Well

8 9 4 0 0 0 1 5 0 6

RETURN OF A BIRTH.

54710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.
 1. Sex, (state whether male or female) Girl.
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 10. March.
 4. Place of Birth, (Street and Number) N. 404. Thayer Street.
 5. Full Name of Mother, Merri Kloss.
 6. Mother's Maiden Name, Merri Kloss.
 7. Mother's Birthplace, Baltimore.
 8. Full Name of Father, Yohar Kloss.
 9. Father's Occupation, Carpenter.
 10. Father's Birthplace, Baltimore.
 Name of Medical Attendant, or other person who makes this Return, Merri Kloss.
 Address, N. 1906. Fairmount Ave.
 Remarks,

8940001507

RETURN OF A BIRTH. 54711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March 10 - 1894
 4. Place of Birth, (Street and Number) 1830 Division St.
 5. Full Name of Mother, Catharine Gosnell
 6. Mother's Maiden Name, " Jane Hanson
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Alfred W. Gosnell
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Theodore Porter M.D.
 Address, 914 N. Charles St.
 Remarks,

18940001508

B

RETURN OF A BIRTH.

54712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)... *Male*
 2. Race or Color, (if not of the white race)... *White Race*
 3. Date of Birth, ... *Baltimore, Maryland, March 10th, 1924*
 4. Place of Birth, (Street and Number)... *1824, Hammond St.*
 5. Full Name of Mother, ... *Margie Walter*
 6. Mother's Maiden Name, ... *Davis*
 7. Mother's Birthplace, ... *Washington, D.C.*
 8. Full Name of Father, ... *Joseph Walter*
 9. Father's Occupation, ... *Lab.*
 10. Father's Birthplace, ... *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, ... *Mrs. Annie Jones*
 Address, ... *1602 South Charles St.*
 Remarks, ... *Given Respectfully*

8440001509



RETURN OF A BIRTH. 547/3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, 10th March
4. Place of Birth, (Street and Number) No 1125 Hollins
5. Full Name of Mother, Mrs Maggie Leidner
6. Mother's Maiden Name, Miss Maggie Gmit
7. Mother's Birthplace, Born Baltimore County
8. Full Name of Father, Mr John Leidner
9. Father's Occupation, Barber
10. Father's Birthplace, Born Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs Miller
- Address, 2127 West Pratt St
- Remarks,

18940001510

△ RETURN OF A BIRTH. 54714
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March the 10 1894
4. Place of Birth, (Street and Number) York St 214
5. Full Name of Mother, Gessie Parker
6. Mother's Maiden Name, Annie Parker
7. Mother's Birthplace, Culbert Co Md
8. Full Name of Father, James A Hardman
9. Father's Occupation, Meat Butcher
10. Father's Birthplace, Baltimore Md
Name of Medical Attendant, or other person who makes this Return, Annie Jackson
Address, 1619 Cross St Port
Remarks, Clarence A Hardman
8940001511

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 54715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 10th 1894
4. Place of Birth, (Street and Number) 721. Harlem ave.
5. Full Name of Mother, Annie McEvoy
6. Mother's Maiden Name, Annie Gallagher
7. Mother's Birthplace, Phila. Penna.
8. Full Name of Father, P. J. McEvoy
9. Father's Occupation, Merchant (Dry Goods)
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return. C. W. Johnston M.D.
- Address, 1136 W. 4th St.
- Remarks, Baltimore Md.

8940001512

RETURN OF A BIRTH. 54716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 10 March 1894
 4. Place of Birth, (Street and Number) 532 Caroline street.
 5. Full Name of Mother, Mary Schopf
 6. Mother's Maiden Name, Mary Appel
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Louis Appel
 9. Father's Occupation, Baker
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs Schumann
 Address, 409 South Bond st
 Remarks, 8940001513

RETURN OF A BIRTH. 54917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 10 - 94

4. Place of Birth, (Street and Number) 1640 Vincent St near Presbury

5. Full Name of Mother, Jessie Brown

6. Mother's Maiden Name, Woodlind

7. Mother's Birthplace, St. Margaret's

8. Full Name of Father, Titus Brown

9. Father's Occupation, Stevedore

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Sarah Collins

Address, 1640 Vincent St near Presbury St

Remarks,

1 8 9 4 0 0 0 1 5 1 4



RETURN OF A BIRTH. 54718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 10th 1904.
4. Place of Birth. (Street and Number) 233 S. Gilman St.
5. Full Name of Mother, Reynah L. Davis
6. Mother's Maiden Name, Reynah L. Thompson
7. Mother's Birthplace, Kearney Co. Ind.
8. Full Name of Father, John F. Davis
9. Father's Occupation, Cabman
10. Father's Birthplace, Kearney Co. Ind.
Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle, M.D.
Address, 1203 West Fayette St.
Remarks, _____

18940001515

RETURN OF A BIRTH.

54719

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *Mar. 10, 1894*

4. Place of Birth (Street and Number) *563 W. Hoffman St.*

5. Full Name of Mother *Jennie V. Brown*

6. Mother's Maiden Name *Maxfield*

7. Mother's Birthplace *Harford Co., Md.*

8. Full Name of Father *Elmer Brown*

9. Father's Occupation *Waiter*

10. Father's Birthplace *Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

W. H. Thompson
526 St. Paul St.

18940001516



RETURN OF A BIRTH.

54721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*2. Race or Color, (if not of the white race) *Race*3. Date of Birth, *March 10. 1874.*4. Place of Birth, (Street and Number) *830 E. Pratt St.*5. Full Name of Mother, *Lena Brenner*6. Mother's Maiden Name, *Lena Brenner*7. Mother's Birthplace, *Russia*8. Full Name of Father, *Jacob Brenner*9. Father's Occupation, *Dairy*10. Father's Birthplace, *Russia*Name of Medical Attendant, or other person who makes this Return, *Mr. J. Goldman.*Address, *1013 E. Lombard St.*

Remarks,

8940001518

RETURN OF A BIRTH. 54722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March 10th 1894.
 4. Place of Birth, (Street and Number) 613. South Central Ave.
 5. Full Name of Mother, Antonia Koch
 6. Mother's Maiden Name, Antonia Vogel.
 7. Mother's Birthplace, Germany
 8. Full Name of Father, John Koch.
 9. Father's Occupation, Teamster
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt.
 Address, 1712 Eastern Ave.
 Remarks, 18940001519

RETURN OF A BIRTH, 54723

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 10th March
4. Place of Birth, (Street and Number) 201 E. Fort Ave
5. Full Name of Mother Mary W. Lowe
6. Mother's Maiden Name Joyner
7. Mother's Birthplace Chesapeake
8. Full Name of Father Arthur S. Lowe
9. Father's Occupation Grocer
10. Father's Birthplace Coperny England
- ☒ Name of Medical Attendant, or other Person who makes this Return. Mrs J. L. May
- Address 1230 Battery Rd
- Remarks Healthy

18940001520

RETURN OF A BIRTH. 54724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race)
 Date of Birth, 11th March 1894
 Place of Birth, (Street and Number) 1011 E Ashland Ave
 Full Name of Mother, Mary A Hopkins
 Mother's Maiden Name, J. W. Maloney
 Mother's Birthplace, Balto
 Full Name of Father, Michael J Hopkins
 Father's Occupation Laborer
 Father's Birthplace, Balto
 Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groom
 Address, 944 E Bay St
 Remarks, 8740001521

RETURN OF A BIRTH. 54 725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *4 of March*

4. Place of Birth, (Street and Number) *No 1562 Ridgely St.*

5. Full Name of Mother, *Mrs Lizzie Penckler*

6. Mother's Maiden Name, *Miss Lizzie Knauss*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *John H. Penckler Jr*

9. Father's Occupation, *Glass Blower*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Bange*

Address, *711 W. Brown St*

Remarks,

1 8 9 4 0 0 0 1 5 2 2

RETURN OF A BIRTH. 54726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 of March 1894.

4. Place of Birth, (Street and Number) 1431. Orleans St.

5. Full Name of Mother, Barbara White

6. Mother's Maiden Name, Barbara Schriefer

7. Mother's Birthplace, Baltimore M.D.

8. Full Name of Father, Georg White

9. Father's Occupation, Pottery

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Mrs. La Hille M.D.
or other person who makes this return.

Address, 207. N. Castle St.

Remarks, ---

1 8 9 4 8 0 0 1 5 2 3

RETURN OF A BIRTH 54727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 11th 1894

4. Place of Birth, (Street and Number)

602 N. Fulton Ave.

5. Full Name of Mother,

Mary Josephine Habighurst

6. Mother's Maiden Name,

Mary Josephine Goodright

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Joseph Sands Habighurst

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

Boston Mass

Name of Medical Attendant, or other person who makes this Return.

P. S. Fuld M. D.

Address,

642 N. Fulton Ave.

Remarks,

8940001524

RETURN OF A BIRTH. 54729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2st
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March 11th 1894.
 4. Place of Birth, (Street and Number) 311. South St.
 5. Full Name of Mother, Pese Grevichki
 6. Mother's Maiden Name, Pese Grevichki
 7. Mother's Birthplace, Russia
 8. Full Name of Father, Orvail Grevichki
 9. Father's Occupation, Taylor
 10. Father's Birthplace, Russia
 Name of Medical Attendant, or other person who makes this Return, Yette C. Lauranoff
 Address, 1022 E. Lombard St.
 Remarks, 1022 E. Lombard St.

18940001526

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 11th 1894

4. Place of Birth (Street and Number)

2115 E Pratt St

5. Full Name of Mother

Maggie Evans

6. Mother's Maiden Name

Maggie Lelan

7. Mother's Birthplace

Forchville Co Md

8. Full Name of Father

John Huey Evans Jr.

9. Father's Occupation

Messenger Co Md

10. Father's Birthplace

Community Co Md

Name of Medical Attendant, or other Person who makes this Return

James E Drvinille Md

Address

1401 Baltimore St. East

Remarks

8940001527

RETURN OF A BIRTH 54731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

first
Male
white
March 11, 1894
628 E. Fayette St.
Emma Hill
Hence Hill
Germany
Meyer Hill
Hempden
Wm. Wolf
628 W. Hampden

1 8 9 4 0 9 1 5 2 8

For every line of text (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, March 11th 1898
- Place of Birth, (Street and Number) 1015 Sun St.
- Full Name of Mother, Annun Sacolea
- Mother's Maiden Name, Annun Sacolea
- Mother's Birthplace, Prussia
- Full Name of Father, Weyr Sacolea
- Father's Occupation, Teacher
- Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, Dr. C. Lawrence
or other person who makes this Return.
- Address, 1022 Cumberland St.
- Remarks, 18940001529

RETURN OF A BIRTH. 54733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 11th 1893

4. Place of Birth, (Street and Number) No 5-12 Hedrick Ave

5. Full Name of Mother, Anna Mahlstedt

6. Mother's Maiden Name, Anna Behner

7. Mother's Birthplace, Germany

8. Full Name of Father, Hermann Mahlstedt

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1894 J 001530

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Race

3. Date of Birth, March 11 1894

4. Place of Birth, (Street and Number) 1004 E. Fayette St.

5. Full Name of Mother, Yetta Shoeman

6. Mother's Maiden Name, Yetta Blumbras

7. Mother's Birthplace, Russia

8. Full Name of Father, Issa Shoeman

9. Father's Occupation, Peddler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Feldman

Address, 1013 E Lombard St.

Remarks,

18940001531

RETURN OF A BIRTH 54735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 9
 Sex, (State whether male or female) Male
 Race or color, (if not of the white race) Callard
 Date of Birth, March 11 1894
 Place of Birth, (Street and Number) Stockholm St 13861
 Full Name of Mother, Alberta Warner
 Mother's Maiden Name, Alberta Handy
 Mother's Birthplace, Peconack City
 Full Name of Father, Henry Warner
 Father's Occupation, Laborer
 Father's Birthplace, Easton
 Name of Medical Attendant, or other person who makes this Return, Annie Carson
 Address, No 873 Stockholm St
 Remarks, well

18940001532

RETURN OF A BIRTH. 54436
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) female child
2. Race or Color, (if not of the white race) Colard
3. Date of Birth. March 12 1894
4. Place of Birth. (Street and Number) 1221 Bayard st
5. Full Name of Mother, Sarah Elmer
6. Mother's Maiden Name, Sarah Robinson
7. Mother's Birthplace, Balt
8. Full Name of Father, George Robinson
9. Father's Occupation, Labor
10. Father's Birthplace, Richmond Va
Name of Medical Attendant, or other person who makes this Return, Emma Mills
Address, 1448 tall oak walk
Remarks, Doing very well
18940001533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race) *Black*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks.

C. Dulany Co., City Printers and Stationers

A

RETURN OF A BIRTH. 54738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child
Dip

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

12 March

4. Place of Birth, (Street and Number)

S. Broadway 838

5. Full Name of Mother,

Minnie Allen

6. Mother's Maiden Name,

John Tenp

7. Mother's Birthplace,

Richmond

8. Full Name of Father,

Burgess Allen

9. Father's Occupation,

More

10. Father's Birthplace,

Nov. Caroline

Name of Medical Attendant, or other person who makes this Return.

Marie Pratt

Address,

S. Bond St. 838

Remarks,

8940001535



RETURN OF A BIRTH. 54739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3th Child*
Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *12th May 1894.*
4. Place of Birth, (Street and Number) *Fort Ave. No. 1608.*
5. Full Name of Mother, *Nide Clarker*
6. Mother's Maiden Name, *" Edmest*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Georg Clarker*
9. Father's Occupation, *Sever*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *Lizzie Schaeffler*
Address, *Fort Ave. No. 1408.*
Remarks,

8940001536



RETURN OF A BIRTH: 54740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

Female

Sex, (state whether male or female)

White

Race or Color, (if not of the white race)

12th May 1897

Date of Birth

Hall Street 1749

Place of Birth, (Street and Number)

Marina Denmark

Full Name of Mother

Corrado

Mother's Maiden Name

Baltimore

Mother's Birthplace

Curry

Full Name of Father

De

Father's Occupation

De

Father's Birthplace

Lizzy

Name of Medical Attendant, or other person who makes this Return

For

Address

Remarks

18940001537

RETURN OF A BIRTH. 54741

GIVEN NAME ADDED, 4-12-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Robert Tyson Greer, 5th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Mar 12 1894

4. Place of Birth, (Street and Number)

1212 Madison Ave

5. Full Name of Mother,

Helen Greer
Hebb

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balt.
George Greer
merchant

8. Full Name of Father,

9. Father's Occupation,

Balt.
J. M. Wilson

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

1008 Madison Ave

Address,

Remarks,

8 9 4 0 0 0 1 5 3 8

RETURN OF A BIRTH.

54742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female).....

female

2. Race or Color, (if not of the white race).....

of colored race

3. Date of Birth,.....

March 12 4

4. Place of Birth, (Street and Number).....

Caake alley 830

5. Full Name of Mother,.....

Lucinda Jones

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

Baltimore City

8. Full Name of Father,.....

Frederick Washington

9. Father's Occupation.....

laborer

10. Father's Birthplace,.....

Baltimore City

Name of Medical Attendant,.....

or other person who makes this Return,

Miss Sneed

Address,.....

707 Luffman Court

Remarks,.....

18940001539

2937
 GIVEN NAME ADDED 2-13-57
 RETURN OF A BIRTH 54743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James William Crocker
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 Sex, (state whether ~~male~~ or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *March 12th 1894*
 4. Place of Birth, (Street and Number) *1821 Simon St.*
 5. Full Name of Mother, *Mrs. Lizzie Crocker*
 6. Mother's Maiden Name, *Miss Lizzie Stoll*
 7. Mother's Birthplace, *Baltimore City Md.*
 8. Full Name of Father, *Mrs. James Crocker*
 9. Father's Occupation, *Stands in Market*
 10. Father's Birthplace, *Baltimore City Md.*
 Name of Medical Attendant, or other person who makes this Return, *Basil J. Shook M.D.*
 Address, *9 S. Fulton Ave.*

Remarks, *Called on time of Convulsion & found case of true purpuric Eclampsia
 followed by unconsciousness for 24 hours after delivery of child & delivered by forceps.*

RETURN OF A BIRTH. 54744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) White

4. Date of Birth, Nov. 12th 1894

5. Place of Birth, (Street and Number) 427 S Bond Street

6. Full Name of Mother, Margaret Deiring

7. Mother's Maiden Name, "Newell

8. Mother's Birthplace, Germany

9. Full Name of Father, Deiring

10. Father's Occupation, Justice of the Peace

11. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Hannah Charles

Address, 212 N. Patterson Park Avenue

Remarks,

18940001541

Not recoverable as other area and forefutures are recoverable

RETURN OF A BIRTH. 54745-
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)
1. Sex, (~~state whether male or female~~)
2. Race or Color, (~~if not of the white race~~)
3. Date of Birth, March 12th (94.
4. Place of Birth, (Street and Number) 701 W. Lexington St.
5. Full Name of Mother, Clara King
6. Mother's Maiden Name, Clara Wolfe
7. Mother's Birthplace, Alzoff, Germany
8. Full Name of Father, Jacob King
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, or other person who makes this return, John T. Hargis, M.D.
- Address, 662 W. Lexington St.
- Remarks,

1 8 9 4 0 0 0 1 5 4 2

C. Dulany Co., City Printers and Stationers.

Address,-----
Remarks,

Full Name of
Father's Occupation
Father's Birthplace
Name of Medical At

7. Mother's Birthplace.

5. Full Name of Mother's Maiden Name, _____

4. Place of Birth, _____
Name of Mother, _____
Name, _____

2. Race or Color, (if _____)
3. Date of Birth, _____
4. Place of Birth, (Street and Number) _____
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100. _____

1. Sex, (state whether male or female), _____
 2. Color, (if not of the white race) _____

To the Office of Registrar
Amelia
 of Child of Mother. (state whether
 whether male or female
 of the white

RETURN
To the Office of Registrar of Vital Statistics
Minneapolis, Minnesota
September 1st, 2d.

RETURN OF A BIRTH.

2-1-8

GIVEN NAME ADDED.

of Vital Statistics, Board of Health, Baltimore City.

Williamson

female

GIVEN NAME ADDED
OF

8 9 4 0 0 0 1 5 4 3

Baltimore
 Catherine Thormung
 No 1517 Byrd St

Josephine
 Louisa
 German
 John Williamson
 Fulmer

March 1
No 1036 Hart-ads
Audine Williamson
Audine Porwalstine

female
white
march 12th 1894
36 Hart-aw-
Williamson

S. Board of Health, Bureau
Williamson

Baltimore City.

54746

RETURN OF A BIRTH. 54747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
 1. Sex, (state whether male ~~or female~~) Male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, March 12th 1894
 4. Place of Birth, (Street and Number) 1716 Bay St
 5. Full Name of Mother, Katie Smith
 6. Mother's Maiden Name, Katie Jannerich
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Lee Smith
 9. Father's Occupation, Barber
 10. Father's Birthplace, Russia
 Name of Medical Attendant, or other person who makes this Return, Dr. Adolph C. Eichenberg
 Address, 408 S. Washington St
 Remarks, _____

8940001544



RETURN OF A BIRTH. 54748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 13/94*
4. Place of Birth, (Street and Number) *744 Rose St.*
5. Full Name of Mother, *Elizabeth Bruff*
6. Mother's Maiden Name, *Elizabeth Schick*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Charles Bruff*
9. Father's Occupation, *Lawyer*
10. Father's Birthplace, *Balto*
11. Name of Medical Attendant, *Mary E. Poregoy*
or other person who makes this Return.
- Address, *1903 Gough St.*
- Remarks,

8940001545

RETURN OF A BIRTH. 54749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *13 March*
 4. Place of Birth, (Street and Number) *723, Luzerne St*
 5. Full Name of Mother, *Ella* *name*
 6. Mother's Maiden Name, *L. M.*
 7. Mother's Birthplace, *Balt City Md*
 8. Full Name of Father, *James J.* *name*
 9. Father's Occupation, *fire man*
 10. Father's Birthplace, *Balt City Md*
 Name of Medical Attendant, or other person who makes this Return, *M. A. Duncanson*
 Address, *2224 E Pratt St*
 Remarks, *doing well*
 8940001546

If the child is born dead, or if the mother dies during pregnancy, or if the child is born alive but dies within 24 hours of birth, the Registrar of Vital Statistics must be notified immediately, and a separate return must be made.

RETURN OF A BIRTH. 54750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mildred Lavenia Lapp.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13th of March 1894

4. Place of Birth, (Street and Number) 814 W. Hamilton St

5. Full Name of Mother, Margaret E. Lapp

6. Mother's Maiden Name, Margaret E. Lunday

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Andrew Lapp

9. Father's Occupation, Car Repairer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Mrs. Bange

Address, 711 Green St

Remarks,

DATE FILED 3-16-53

894000 547

Recorded to the fine of ten (10) dollars for each offence, to be recovered as other fines, and all mutilations are recoverable.

RETURN OF A BIRTH. 54.751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *13 March 1894*
4. Place of Birth, (Street and Number) *723. Barrer St.*
5. Full Name of Mother, *Ann E. Hare*
6. Mother's Maiden Name, *Ann E. Gendres*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Saml Hare*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *Baltimore Md*
Name of Medical Attendant, or other person who makes this Return, *Mrs Hare*
Address, *711 N. Broadway*
Remarks,

18940001548



RETURN OF A BIRTH. 54752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Noted to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother. (state whether ~~1st~~, 2d, 3d, 4th, etc.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 13th 1894

4. Place of Birth, (Street and Number) 405 N. Eutaw St.

5. Full Name of Mother, Elizabeth Hopkinz

6. Mother's Maiden Name, Kane

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Jessie J. Hopkinz

9. Father's Occupation, Mechanic

10. Father's Birthplace, Hanford, Maryland

Name of Medical Attendant, Frank W. Sumner M.D. or other person who makes this Return.

Address, 322 N. Greene St.

Remarks, 8940001549

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 54753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) Colored

3. Date of Birth, March 13 1894 80 Clock A.M.

4. Place of Birth, (Street and Number) 1317 Etting Street

5. Full Name of Mother, Sarah Rebecca Smith

6. Mother's Maiden Name, Sarah Rebecca Gilson

7. Mother's Birthplace, Balto Md

8. Full Name of Father, John Thomas Smith

9. Father's Occupation, Waiter

10. Father's Birthplace, St Marys Co Md

Name of Medical Attendant, or other person who makes this Return, Wm J. Smith

Address, 363 Dolphin St

Remarks, 18940001550



RETURN OF A BIRTH. 54754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 13th 1894.

4. Place of Birth, (Street and Number)

1505 Clement St.

5. Full Name of Mother,

Hess M. Graham

6. Mother's Maiden Name,

Sommers.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Rolt G. Graham

9. Father's Occupation,

Iron Shipbuilder

10. Father's Birthplace,

England

Name of Medical Attendant, or other person who makes this Return,

W. C. & H. L.

Address,

1619 Cedar St.

Remarks,

Bell.

6940001551

fect to the line of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, march 13/1894
4. Place of Birth, (Street and Number) 1550 W. Carey St
5. Full Name of Mother, Mrs. Mary B. Kavanaugh
6. Mother's Maiden Name, Rachael Whitefield
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Martin J. Kavanaugh
9. Father's Occupation, Coppersmith
10. Father's Birthplace, Phila Pa
- Name of Medical Attendant, or other person who makes this Return, Mrs. Mary B. Shockey
- Address, 731 W. Holladay St
- Remarks, 731 W. Holladay St

1 8 9 4 0 0 0 1 5 5 2

RETURN OF A BIRTH. 54 756 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)— First

Sex, (state whether male or female)— Female

Race or Color, (if not of the white race)— White

Date of Birth, 13th March 1894.

Place of Birth, (Street and Number)— # 760 St. Peter St. Balto. Md.

Full Name of Mother, Maudie Mary Bollman.

Mother's Maiden Name, Maudie Mary Block.

Mother's Birthplace, Völkmarssen, Province Rührhessen, Germany.

Full Name of Father, Henry Frederick Bollman.

Father's Occupation, Cabinet Maker.

Father's Birthplace, Baltimore City. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Range

Address, 711 N. Grand St.

Remarks, 18940001553

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

54757

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex. (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. 12 March 1894

4. Place of Birth, (Street and Number) 125 Market Place

5. Full Name of Mother, Mary Brown

6. Mother's Maiden Name, Huber

7. Mother's Birthplace, Germany

8. Full Name of Father, Thomas O. Brown

9. Father's Occupation, Tailor

10. Father's Birthplace, Kentucky

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 422 Baltimore St.

Remarks,

18940001554



RETURN OF A BIRTH. 54758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 13th 1894

4. Place of Birth, (Street and Number) Baltimore, 421 S. Chapel St.

5. Full Name of Mother, Mary Ecker

6. Mother's Maiden Name, Mary Scruzan

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Conrad E. Ecker

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, 4615 S. Patterson Pl. Ave.

Remarks,

18940001555

RETURN OF A BIRTH. 54759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 March 1894

4. Place of Birth, (Street and Number) 621 Benson St

5. Full Name of Mother, Rachel Circus

6. Mother's Maiden Name, Alice

7. Mother's Birthplace, Russia

8. Full Name of Father, Josephine Barine

9. Father's Occupation, Painter

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Allen St

Remarks,

8940001556

and to report as such to the Registrar of Vital Statistics, Baltimore City, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the time herein prescribed, and when the birth of a child requires an entry in this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54760
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, March 13, 1894
4. Place of Birth, (Street and Number) 934, Columbia Avenue
5. Full Name of Mother, Delia West
6. Mother's Maiden Name, Delia Lanning
7. Mother's Birthplace, Annville Co Galway Ireland
8. Full Name of Father, James Ward
9. Father's Occupation, Laborer
10. Father's Birthplace, Rossmore Co Galway Ireland
Name of Medical Attendant, or other person who makes this Return, Wm. C. Crissell
Address, 409 E. St. Stephen St.
Remarks,

8940001557

over

RETURN OF A BIRTH. 54761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: George D. Hetterich
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, March 14/84
 4. Place of Birth, (Street and Number) 119 517 St. Gertrude
 5. Full Name of Mother, Marie (Hedrich) Hetterich
 6. Mother's Maiden Name, Hetterich
 7. Mother's Birthplace, Baltimore (Md.)
 8. Full Name of Father, Local - Wood, shoemaker
 9. Father's Occupation, Baltimore
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Dr. L. ...
 Address, 119 1207 E. Monument St
 Remarks, _____

1 8 9 4 0 0 0 1 5 5 8

any such person or persons who shall be convicted of this offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54 762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14, 1904
4. Place of Birth, (Street and Number) 226 Albemarle St
5. Full Name of Mother, Leice Betty
6. Mother's Maiden Name, Leice Betty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Betty
9. Father's Occupation, Bookster
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, May B. Frazier
- Address, 1903 South St
- Remarks, 18940001559

attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons attending the birth of the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be liable to a fine of not more than five dollars for each offence, to be recovered as other fines and forfeitures are recoverable, subject to the fine of ten dollars for each offence.



RETURN OF A BIRTH. 54763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14 1880
4. Place of Birth, (Street and Number) Monticello Avenue and Jefferson St
5. Full Name of Mother, Anna M. Donald
6. Mother's Maiden Name, Bryant
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Richard M. Donald
9. Father's Occupation, Merchant
10. Father's Birthplace, Md
- Name of Medical Attendant, or other person who makes this Return, Henry Westcott M.D.
- Address, 227 E. Church Street
- Remarks, _____

18940001560

child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5 (child)

1. Sex, (state whether male or female) Male

2. Race or Color. (if not of the white race) white

3. Date of Birth, 14 March

4. Place of Birth, (Street and Number) 167 Hamburg St

5. Full Name of Mother, Esther Wideman

6. Mother's Maiden Name, Esther Dilworth

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles B. Wideman

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, New York

Name of Medical Attendant, Mrs Bangs, or other person who makes this Return.

Address, 711 N. Green St

Remarks.

8940001561

Not to be destroyed. If destroyed, the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
- Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov 14th 1894
4. Place of Birth, (Street and Number) 108 Barre
5. Full Name of Mother, Rebecca Ashby
6. Mother's Maiden Name, Rebecca Dougherty
7. Mother's Birthplace, Virginia
8. Full Name of Father, Wm S Ashby
9. Father's Occupation, Salesman
10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other person who makes this Return, Daniel V Moyer M.D.
- Address, 1200 N Edin St
- Remarks, City

8940001562



RETURN OF A BIRTH. 54766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 17 1894

4. Place of Birth, (Street and Number) 10 S. Eastern St.

5. Full Name of Mother, Hannah Hansen

6. Mother's Maiden Name, Hannah Hansen

7. Mother's Birthplace, Russia

8. Full Name of Father, Harry Hansen

9. Father's Occupation, Plumber

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Goldmann

Address, 1015 E. Lombard

Remarks,

18940001563

RETURN OF A BIRTH. 54767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 14 1894

4. Place of Birth, (Street and Number) 4 Jackson St

5. Full Name of Mother, Mary Krotie

6. Mother's Maiden Name, Bowers

7. Mother's Birthplace, F.A.

8. Full Name of Father, Benjamin Krotie

9. Father's Occupation, Laborer

10. Father's Birthplace, Ind

Name of Medical Attendant, or other person who makes this Return, H. J. Smith M.D.

Address, 237 Leonard Ave

Remarks,

8940001564

any such person or persona who shall hereafter fail to comply with the provisions of the act shall be liable to be fined or imprisoned, or both, for each offence, to be recovered in other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 52468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 14 - 1894

4. Place of Birth, (Street and Number)

1131 N. Mount St.

5. Full Name of Mother,

Annie D. Einstein

6. Mother's Maiden Name,

" " Tammison

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

Jacob Einstein

9. Father's Occupation

Salesman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Therese Cooke M.D.

Address,

914 N. Charles St.

Remarks,

8440001565

RETURN OF A BIRTH. 54769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return

Address

Remarks

18940001566

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH.

54770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 14 1894
4. Place of Birth, (Street and Number) 12 631 N. Schaffel St
5. Full Name of Mother, Emma Maurice
6. Mother's Maiden Name, Schmieder
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Maurice
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, W. E. Brown
- Address, 112 1907 E. Monument St
- Remarks,

1 8 9 4 0 0 0 1 5 6 7

GIVEN NAME ADDED, 4-28-65

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Katherine Schuchardt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

March 20th '94

3. Date of Birth

423 N. Spring St.

4. Place of Birth, (Street and Number)

Katie Schuchardt

5. Full Name of Mother

Hills

6. Mother's Maiden Name

Germany

7. Mother's Birthplace

Henry Schuchardt

8. Full Name of Father

Minister

9. Father's Occupation

Germany

10. Father's Birthplace

Mrs. Jennie Turner

Name of Medical Attendant, or other person who makes this Return

419 N. Eden St.

Address

Remarks

18940001568

should to report his birth to the Commissioner of Health, for the purpose and within the period above required. In any such person or persons who shall hereafter comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. To be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A

RETURN OF A BIRTH. 54772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 14/1894.
4. Place of Birth, (Street and Number) Thames St. No. 1629.
5. Full Name of Mother, Antonina Trogorska
6. Mother's Maiden Name, Medhan
7. Mother's Birthplace, Poland. Kusland.
8. Full Name of Father, Han'slaw Trogorski.
9. Father's Occupation, Poland
10. Father's Birthplace, Kusland.
- Name of Medical Attendant, or other person who makes this Return, Agnes Hodolna
- Address, Thames St. No. 1635.
- Remarks, Sgt.

8940001569

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child*
Sex, (state whether male or female) *Female*
Race or Color, (if not of the white race) *White*
Date of Birth, *15 February 1894*
Place of Birth, (Street and Number) *Dennison St. 1356*
Full Name of Mother, *Gustie Thoren*
Mother's Maiden Name, *Mengerson*
Mother's Birthplace, *Baltimore*
Full Name of Father, *Otto Thoren*
Father's Occupation, *Stevender*
Father's Birthplace, *Germany*
Name of Medical Attendant, or other person who makes this Return, *Lizzie Schaeffer*
Address, *Port Enoch St. 1768*
Remarks,

1 8 9 4 0 0 0 1 5 7 0

child to report its birth as the common law, and any such person or persons who shall be convicted of the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

✓

RETURN OF A BIRTH. 54774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th March

4. Place of Birth, (Street and Number) 1422 Highland Road

5. Full Name of Mother, Alice Martha Parling

6. Mother's Maiden Name, Alice Martha Bates

7. Mother's Birthplace, Hartford County, Md

8. Full Name of Father, John Parling

9. Father's Occupation, Police Officer

10. Father's Birthplace, Hartford County, Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Christina Bates

Address, 1059 Maryland Ave

Remarks,

8940001/5/71

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.



RETURN OF A BIRTH. 54775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *15 of Nov 1894*

4. Place of Birth, (Street and Number) *2332 Monument St*

5. Full Name of Mother, *Stephen Frank*

6. Mother's Maiden Name, *Lambert*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Harry Frank*

9. Father's Occupation, *Shoe maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Wm H. Wood*

Address, *1975 Monument St*

Remarks, *18940001572*

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be an-
fected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

A

RETURN OF A BIRTH. 54776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 15. March.
4. Place of Birth, (Street and Number) St. = 618. Parkstreet.
5. Full Name of Mother, Annie Berthold.
6. Mother's Maiden Name, Annie Schneider.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Mark Berthold.
9. Father's Occupation, Shoemaker.
10. Father's Birthplace, Germany.
Name of Medical Attendant, or other person who makes this Return, Alex. Kloss.
Address, St. = 1906. Fairmount - A. V.
Remarks,

18940001573

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-2-56
RETURN OF A BIRTH. 54777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Mc Williams

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 15 March 1894.

4. Place of Birth, (Street and Number) 411 S. Hollington Ave.

5. Full Name of Mother, Maggie Mc Williams

6. Mother's Maiden Name, Keller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert Mc Williams

9. Father's Occupation, Iron Molder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. H. Spence

Address, 112 N. Patterson St. B.C.

Remarks,

8940001574

child to report its birth to the Registrar of Vital Statistics, in the manner and to the effect hereinafter provided, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Thursd ay March 15th 94.

4. Place of Birth, (Street and Number)

Baltimore 602 Stirling st

5. Full Name of Mother,

Filence Aydtte

6. Mother's Maiden Name,

Filence Williams

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Aydtte

9. Father's Occupation

Cook on a steamer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Jane West

Address,

602 Stirling st

Remarks,

8940001575

54779

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to report as provided in this section. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to report as provided in this section. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to report as provided in this section.

First

Male

21 birds

March 13th 1894

Baltimore. 802 Ridgely St.

Mary Louise ~~Stanton~~ Macner

Mary Louise Oberlin

Baltimore

William Hoerner

Engineer and Machine
H. H. H. H.

Man Ba

1411-1412

1788-1789-1790-1791-1792-1793-1794-1795-1796-1797-1798-1799-1800-1801-1802-1803-1804-1805-1806-1807-1808-1809-1810-1811-1812-1813-1814-1815-1816-1817-1818-1819-1820-1821-1822-1823-1824-1825-1826-1827-1828-1829-1830-1831-1832-1833-1834-1835-1836-1837-1838-1839-1840-1841-1842-1843-1844-1845-1846-1847-1848-1849-1850-1851-1852-1853-1854-1855-1856-1857-1858-1859-1860-1861-1862-1863-1864-1865-1866-1867-1868-1869-1870-1871-1872-1873-1874-1875-1876-1877-1878-1879-1880-1881-1882-1883-1884-1885-1886-1887-1888-1889-1890-1891-1892-1893-1894-1895-1896-1897-1898-1899-1900-1901-1902-1903-1904-1905-1906-1907-1908-1909-1910-1911-1912-1913-1914-1915-1916-1917-1918-1919-1920-1921-1922-1923-1924-1925-1926-1927-1928-1929-1930-1931-1932-1933-1934-1935-1936-1937-1938-1939-1940-1941-1942-1943-1944-1945-1946-1947-1948-1949-1950-1951-1952-1953-1954-1955-1956-1957-1958-1959-1960-1961-1962-1963-1964-1965-1966-1967-1968-1969-1970-1971-1972-1973-1974-1975-1976-1977-1978-1979-1980-1981-1982-1983-1984-1985-1986-1987-1988-1989-1990-1991-1992-1993-1994-1995-1996-1997-1998-1999-2000-2001-2002-2003-2004-2005-2006-2007-2008-2009-2010-2011-2012-2013-2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024-2025-2026-2027-2028-2029-2030-2031-2032-2033-2034-2035-2036-2037-2038-2039-2040-2041-2042-2043-2044-2045-2046-2047-2048-2049-2050-2051-2052-2053-2054-2055-2056-2057-2058-2059-2060-2061-2062-2063-2064-2065-2066-2067-2068-2069-2070-2071-2072-2073-2074-2075-2076-2077-2078-2079-2080-2081-2082-2083-2084-2085-2086-2087-2088-2089-2090-2091-2092-2093-2094-2095-2096-2097-2098-2099-2100-2101-2102-2103-2104-2105-2106-2107-2108-2109-2110-2111-2112-2113-2114-2115-2116-2117-2118-2119-2120-2121-2122-2123-2124-2125-2126-2127-2128-2129-2130-2131-2132-2133-2134-2135-2136-2137-2138-2139-2140-2141-2142-2143-2144-2145-2146-2147-2148-2149-2150-2151-2152-2153-2154-2155-2156-2157-2158-2159-2160-2161-2162-2163-2164-2165-2166-2167-2168-2169-2170-2171-2172-2173-2174-2175-2176-2177-2178-2179-2180-2181-2182-2183-2184-2185-2186-2187-2188-2189-2190-2191-2192-2193-2194-2195-2196-2197-2198-2199-2200-2201-2202-2203-2204-2205-2206-2207-2208-2209-2210-2211-2212-2213-2214-2215-2216-2217-2218-2219-2220-2221-2222-2223-2224-2225-2226-2227-2228-2229-2230-2231-2232-2233-2234-2235-2236-2237-2238-2239-2240-2241-2242-2243-2244-2245-2246-2247-2248-2249-2250-2251-2252-2253-2254-2255-2256-2257-2258-2259-2260-2261-2262-2263-2264-2265-2266-2267-2268-2269-2270-2271-2272-2273-2274-2275-2276-2277-2278-2279-2280-2281-2282-2283-2284-2285-2286-2287-2288-2289-2290-2291-2292-2293-2294-2295-2296-2297-2298-2299-2300-2301-2302-2303-2304-2305-2306-2307-2308-2309-2310-2311-2312-2313-2314-2315-2316-2317-2318-2319-2320-2321-2322-2323-2324-2325-2326-2327-2328-2329-2330-2331-2332-2333-2334-2335-2336-2337-2338-2339-2340-2341-2342-2343-2344-2345-2346-2347-2348-2349-2350-2351-2352-2353-2354-2355-2356-2357-2358-2359-2360-2361-2362-2363-2364-2365-2366-2367-2368-2369-2370-2371-2372-2373-2374-2375-2376-2377-2378-2379-2380-2381-2382-2383-2384-2385-2386-2387-2388-2389-2390-2391-2392-2393-2394-2395-2396-2397-2398-2399-2400-2401-2402-2403-2404-2405-2406-2407-2408-2409-2410-2411-2412-2413-2414-2415-2416-2417-2418-2419-2420-2421-2422-2423-2424-2425-2426-2427-2428-2429-2430-2431-2432-2433-2434-2435-2436-2437-2438-2439-2440-2441-2442-2443-2444-2445-2446-2447-2448-2449-2450-2451-2452-2453-2454-2455-2456-2457-2458-2459-2460-2461-2462-2463-2464-2465-2466-2467-2468-2469-2470-2471-2472-2473-2474-2475-2476-2477-2478-2479-2480-2481-2482-2483-2484-2485-2486-2487-2488-2489-2490-2491-2492-2493-2494-2495-2496-2497-2498-2499-2500-2501-2502-2503-2504-2505-2506-2507-2508-2509-2510-2511-2512-2513-2514-2515-2516-2517-2518-2519-2520-2521-2522-2523-2524-2525-2526-2527-2528-2529-2530-2531-2532-2533-2534-2535-2536-2537-2538-2539-2540-2541-2542-2543-2544-2545-2546-2547-2548-2549-2550-2551-2552-2553-2554-2555-2556-2557-2558-2559-2560-2561-2562-2563-2564-2565-2566-2567-2568-2569-2570-2571-2572-2573-2574-2575-2576-2577-2578-2579-2580-2581-2582-2583-2584-2585-2586-2587-2588-2589-2590-2591-2592-2593-2594-2595-2596-2597-2598-2599-2600-2601-2602-2603-2604-2605-2606

8 9 4 0 0 0 1 5 7 6

RETURN OF A BIRTH. 524780 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Girl

Race or Color, (if not of the white race) white

Date of Birth May 15 99

Place of Birth, (Street and Number) Garrett St. 1349

Full Name of Mother, Theresie Nickour

Mother's Maiden Name, Wilbath

Mother's Birthplace, Tebit Cst. Prussia

Full Name of Father, John Nickour

Father's Occupation, Thredere

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Johanna Gorske

Address, Garrett St. 1349

Remarks,

18940001577

Child to report its birth to the Registrar of Vital Statistics, Baltimore City, and to file a copy of this Return with the Registrar of the County of Baltimore, Maryland, within ten days after the birth, or, if such person or persons who are liable to pay such fine and forfeitures are recoverable, to the time of the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)... *Male*
2. Race or Color, (if not of the white race)... *White*
3. Date of Birth... *15 March*
4. Place of Birth, (Street and Number)... *1228 Columbia*
5. Full Name of Mother... *State Hill*
6. Mother's Maiden Name... *Esch*
7. Mother's Birthplace... *Richmond Va*
8. Full Name of Father... *Tom Gill*
9. Father's Occupation... *Labor*
10. Father's Birthplace... *Baltimore*
- Name of Medical Attendant, or other person who makes this Return... *Mrs Bange*
- Address... *711 West Cross st*
- Remarks...

18940001578

For every omission or error in this return, the Registrar is liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

△ RETURN OF A BIRTH. 54782
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

Male
White
March 15. 1894
1703 William St
Mary Cathrine hanes
Mary C. Marshall
Baltimore Md
Pickney hanes
Brickman on R.R.
Carroll county Md
Baltimore A. Anderson
1434 Patapsco St

18940001579

child to report on the birth of a child, or persons who shall neglect to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH.

54983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16 March
4. Place of Birth, (Street and Number) 1139 S. Paca St.
5. Full Name of Mother, Lina Frankfort Att.
6. Mother's Maiden Name, Frankfort
7. Mother's Birthplace, Germana
8. Full Name of Father, John Att.
9. Father's Occupation, Steele
10. Father's Birthplace, Germana
- Name of Medical Attendant, Mrs. Bange
or other person who makes this Return. 711 N. Broad St.
- Address, _____
- Remarks, _____

18940001580

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A

RETURN OF A BIRTH. 54784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 —
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 16 - 1894
4. Place of Birth, (Street and Number) 109 N. Callington Ave
5. Full Name of Mother, Annie Josephine Sandkuller
6. Mother's Maiden Name, Brockschmidt
7. Mother's Birthplace, City
8. Full Name of Father, Franz Sandkuller
9. Father's Occupation, Brewer
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this return, P. B. Gauschman
Address, 1739 E. Balto. St.
Remarks,

18940001581

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

54788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.)—3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 March 1894
4. Place of Birth, (Street and Number) 310 E. Baltimore St
5. Full Name of Mother, Maggie Cecelia Dalton
6. Mother's Maiden Name, Grady
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles Dalton
9. Father's Occupation, Box-maker
- Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, E. Sherman
- Address, 22 Althea Ave St
- Remarks, _____

8940001582

RETURN OF A BIRTH. 54786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Marie Sherman

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 March 1894

4. Place of Birth, (Street and Number) 2324 Foreman Ave

5. Full Name of Mother, Georgia Sherman

6. Mother's Maiden Name, Lifer

7. Mother's Birthplace, City

8. Full Name of Father, William Solomon Sherman

9. Father's Occupation, Salesman

10. Father's Birthplace, City

Name of Medical Attendant, E. P. Bond M.D.

Address, 1835 E. Baltimore St.

Remarks,

8440001583

child to report its birth to the County Board of Health, and to file a copy of this section with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

✓

RETURN OF A BIRTH. 54787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
2. Sex, (state whether male or female) *Female*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *March 16th 1894*
5. Place of Birth, (Street and Number) *14 E. Fort Ave*
6. Full Name of Mother, *Ida Perkins*
7. Mother's Maiden Name, *Ida Fredericks*
8. Mother's Birthplace, *Balto*
9. Full Name of Father, *Wm C. Perkins*
10. Father's Occupation, *Book Keeper*
11. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other person who makes this Return, *B. H. Phillips M.D.*
- Address, *753 W. Lexington St*
- Remarks, _____

8940001584

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Mch. 16 '94
4. Place of Birth, (Street and Number) 1811 Chester St.
5. Full Name of Mother, Minnie Mavers
6. Mother's Maiden Name, Minnie Schmidt
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Mavers
9. Father's Occupation, Breerman
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, Wm J. Warton
- Address, 1519 Broadway
- Remarks,

18940001585

RETURN OF A BIRTH. 54789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 16 1894
4. Place of Birth, (Street and Number) 1540 South Charles St
5. Full Name of Mother, Mary O'Brien
6. Mother's Maiden Name, Mary Faluy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael O'Brien
9. Father's Occupation, Store Keeper
10. ☒ Her's Birthplace, Ireland
- Name of Medical Attendant, or other person who makes this Return, Susan Stanton
- Address, 2301 Poppleton St
- Remarks,

18940001586

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)— 5th child
1. Sex, (state whether male or female)— male Peter U.
2. Race or Color, (if not of the white race)— White A.D. 6/11/20
3. Date of Birth, March 16th 1894
4. Place of Birth, (Street and Number)— 831 Wm. Henry St. Balto
5. Full Name of Mother, Hannah Burns
6. Mother's Maiden Name, " " Whalen
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Peter Burns
9. Father's Occupation, Watchman
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other person who makes this Return, J. M. Calkins, Corrs
- Address, 109 S. Poppleton
- Remarks,

8940001587

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 2
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Caled
3. Date of Birth, 23 1st March
4. Place of Birth, (Street and Number) 10 March
5. Full Name of Mother, Lippel Goney
6. Mother's Maiden Name, Lippel Sumiville
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Willie Sumiville
9. Father's Occupation, Oyster house brickyard
10. Father's Birthplace, St Mary PO
- Name of Medical Attendant, or other person who makes this Return. Mrs. Elizabeth Dwyer
- Address, 220 W. Bethel St
- Remarks, Baltimore

8940001508

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

18th March

4. Place of Birth, (Street and Number)

1100 Hollins St.

5. Full Name of Mother,

Mrs. Clara Brown

6. Mother's Maiden Name,

Young

7. Mother's Birthplace,

Ann Arbor, Michigan

8. Full Name of Father,

Jesse E. Brown

9. Father's Occupation,

Saloon Proprietor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Clara Brown

Address,

407 E. Baltimore St.

Remarks,

18940001589

any such person or persons who shall hereafter be convicted of this offence, to be recovered as other fines and forfeitures are recoverable.

A

RETURN OF A BIRTH. 14793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 18th 1894*
4. Place of Birth, (Street and Number) *528 E. Patterson Park, B.*
5. Full Name of Mother, *Louise W. Collins*
6. Mother's Maiden Name, *Josephine W. Jones*
7. Mother's Birthplace, *Deak, Cal., Somerset Co. Md.*
8. Full Name of Father, *Louis Collins*
9. Father's Occupation, *Brace Choulder*
- Father's Birthplace, *Washington, D. C.*
- Name of Medical Attendant, or other person who makes this Return, *H. E. Krumholz*
- Address, *272 N. Pat + Park Ave*
- Remarks, _____

18940001590

Child to report its birth to the Commissioners of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

✓

RETURN OF A BIRTH.

54794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 16th 1893

4. Place of Birth, (Street and Number) Vanfield, Balto. Co. Md.

5. Full Name of Mother, Sarah V. Tietze

6. Mother's Maiden Name, Sarah V. Heidegger

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Henry Tietze

9. Father's Occupation, Farmer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, _____

Address, _____

Remarks, _____

8940001591

jected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth Child
Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) C. d. d. Race
3. Date of Birth, Born March 16th 1894
4. Place of Birth, (Street and Number) 216 Durham St.
5. Full Name of Mother, Sarah Stevenson
6. Mother's Maiden Name, Sarah Leick
7. Mother's Birthplace, Batavia, N. Y.
8. Full Name of Father, George Johnson
9. Father's Occupation, Coal Miner
10. Father's Birthplace, Eastern Shore Md.
Name of Medical Attendant, or other person who makes this return, Georgiana Brooks
Address, 1752 Mullikin St.
Remarks, No remarks.

8940001592

jected to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

54796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17. March

4. Place of Birth. (Street and Number)

1: 437 Maryland St.

5. Full Name of Mother,

Lizzi G. Rumney

6. Mother's Maiden Name,

Wilkins

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

W. F. Rumney

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant,

or other person who makes this Return.

Mrs. A. H. Bischoff

Address,

1136 Cleveland St.

Remarks,

1 8 9 4 0 0 0 1 5 9 3

RETURN OF A BIRTH. 54797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth. March 17th 94.
 4. Place of Birth, (Street and Number) 865 Columbia Ave.
 5. Full Name of Mother, Sophie Beel
 6. Mother's Maiden Name, Sophie Seefurt
 7. Mother's Birthplace, Baltimore, Ind.
 8. Full Name of Father, Chas. Beel
 9. Father's Occupation, Housestr.
 10. Father's Birthplace, Baltimore, Ind.
 Name of Medical Attendant, or other person who makes this Return, Henry C. Ober, M.D.
 Address, 1203 N. Fayette St.
 Remarks, _____

18940001594

RETURN OF A BIRTH. 54798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
 Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March 17th 94.
 4. Place of Birth, (Street and Number) 1740 Eastern Ave
 5. Full Name of Mother, Maggie Letch
 6. Mother's Maiden Name, Maggie Paf
 7. Mother's Birthplace, Baltimore Md
 8. Full Name of Father, Fredrick Paf
 9. Father's Occupation, Washiner
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mary Engelhart
 Address, 1712 Eastern Ave.
 Remarks, _____

1 8 9 4 0 0 0 1 5 9 5

Put such person or persons who shall hereafter fail to comply with the provisions of this section as shall be referred to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A

RETURN OF A BIRTH. 54800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Catherine Dell Ludwig
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child
Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 17th Nov 1897
4. Place of Birth, (Street and Number) 310 S. Br St
5. Full Name of Mother, Laura Ludwig
6. Mother's Maiden Name, Parton
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Samuel Ludwig
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, M. J. Jones
Address, 1907 N. E. St
Remarks, CHILD SAME ADDED. 5-5-52

RETURN OF A BIRTH. 54807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

0 9 2 0 0 0 1 5 9 7

Child to report its birth to the Registrar of Vital Statistics, Baltimore City, and to file a copy of this return with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child
Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 17th March 1894
4. Place of Birth, (Street and Number) 272 Bedford Ave.
5. Full Name of Mother, Rosa W. Schindler
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Germany
8. Full Name of Father, George Hansen
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany
Name of Medical Attendant, _____, or other person who makes this Return, Miss G. Gross
Address, 1272 Pennsylvania St.
Remarks, unmarried.

8940001593

No. of

1. S
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8. I
9. I
10. I

RETURN OF A BIRTH. 54813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex. (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 of March

3. Date of Birth. 27 Feb 1881
4. Place of Birth. (Street and Number) 2411 Lancaster St
365 1st

4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, Juliane Mülken
M. M.

5. Full Name of Mother, _____
6. Mother's Maiden Name, _____ = Weik - Hesslein

6. Mother's Maiden Name, _____
7. Mother's Birthplace, Anterra Jack (Barrie)

8. Full Name of Father, Henry Muehlen
Butcher

9. Father's Occupation Butcher

10. Father's Birthplace, Hannover, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss
2524 Lancaster

Address, 2524 Lancaster St.

Remarks, _____ 8940001599

CERTIFICATE CORRECTED 4-4-36
RETURN OF A BIRTH 54874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Gladys Donoghue

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 19th 1894

4. Place of Birth, (Street and Number)

121 S. Lincoln St.

5. Full Name of Mother,

Celia Donoghue

6. Mother's Maiden Name,

Celia Stokes

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

James Donoghue

9. Father's Occupation,

Police man

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Joseph C. Wunder

Address,

1095 W. Fayette St.

Remarks,

L. D. L. A.

18940001600

child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: **ROBERT MASON REINDOLLER** 3 22

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 17 94

4. Place of Birth, (Street and Number)

1814 Edmondson St.

5. Full Name of Mother,

Mary Reindollar

6. Mother's Maiden Name,

" Humain

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

William Reindollar

9. Father's Occupation,

Insurance Agent

10. Father's Birthplace,

Balto.

Name of Medical Attendant,

or other Person who makes this Return.

Dr. L. B. Bader

Address,

418 S. Park St.

Remarks,

8940504801

report its birth to the Registrar of Vital Statistics, Baltimore City, and for each office to be recovered as other fees and for returns are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 524506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other person who makes this Return.

8 4 4 0 0 0 1 6 0 2

For each offense, to be recovered as other fines and forfeitures are recoverable.
The fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. RETURN OF A BIRTH. 54817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) 4- Male

2. Race or Color, (if not of the white race) African

3. Date of Birth, 17 March 1894

4. Place of Birth, (Street and Number) 321 E. Baltimore St.

5. Full Name of Mother, Mary Coplan

6. Mother's Maiden Name, Parker

7. Mother's Birthplace, Russia

8. Full Name of Father, John Coplan

9. Father's Occupation, Engineer

10. Father's Birthplace, Russia

11. Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 708 N. E. St.

Remarks, 18940001603

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 March 1894
4. Place of Birth, (Street and Number) 133 Harrison St.
5. Full Name of Mother, Ellen Goodenough
6. Mother's Maiden Name, Picardsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Goodenough
9. Father's Occupation, Driver
10. Father's Birthplace, Russia
11. Name of Medical Attendant, or other person who makes this Return, E. Sherman
- Address, 72 Alameda St.
- Remarks, 8940001604

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Tramer

1. Sex. (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 March 1894

4. Place of Birth, (Street and Number) 838 E. Pratt St

5. Full Name of Mother, Marie Tramer

6. Mother's Maiden Name, Tramer

7. Mother's Birthplace, Austria

8. Full Name of Father, Leopold Tramer

9. Father's Occupation, Coder

Father's Birthplace, (Czechoslovakia) Austria

Name of Medical Attendant, or other person who makes this Return, E. C. Schramm

Address, 1111 Newark Street

Remarks, 8-12-52

8940001605

jected to the fine of ten (10) dollars for each offender, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54810

NAME CHANGED BY COURT ORDER 3-20-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Joseph S. Simmons*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 17/1894*

4. Place of Birth, (Street and Number) *Holl St. No 608*

5. Full Name of Mother, *Cory Keelg.*

6. Mother's Maiden Name, *Boij.*

7. Mother's Birthplace, *Poland.*

8. Full Name of Father, *Stef Stawinski*

9. Father's Occupation, *Poland.*

10. Father's Birthplace, *Russland.*

Name of Medical Attendant, or other person who makes this Return, *Agnes Hodolka.*

Address, *Thomas St. No 1635*

Remarks, *Is just.*

8 9 4 0 0 0 1 6 0 6

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940001607

For report as made to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the Registrar of Vital Statistics, Board of Health, Baltimore City, for each office, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (~~state whether male or female~~)
2. Race or Color, (~~if not of the white race~~)
3. Date of Birth, March, 18th 10, 10 Am, 1894
4. Place of Birth, (Street and Number) 1308 East Lexington St
5. Full Name of Mother, Louisa Rumpff
6. Mother's Maiden Name, Kieper
7. Mother's Birthplace, Balti
8. Full Name of Father, Charles Rumpff
9. Father's Occupation, Postman
10. Father's Birthplace, Balti
- Name of Medical Attendant, or other person who makes this Return, Mrs. J. H. H. H. H. H.
- Address, 25 E. Preston St
- Remarks,

18940001608

RETURN OF A BIRTH. 54813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 May 1894
4. Place of Birth, (Street and Number) Pittsboro St. N. 1446
5. Full Name of Mother, Eva Walter
6. Mother's Maiden Name, Heuser
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Leber Walter
9. Father's Occupation, Leber
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, L. J. Schaeffer
- Address, Fort St.
- Remarks,

18940001609

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

54814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *18 March 1894*
 4. Place of Birth, (Street and Number) *1618 S. Charles St*
 5. Full Name of Mother, *Blanch Peyton*
 6. Mother's Maiden Name, *Blanch Peyton*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Charles Markley*
 9. Father's Occupation, *Railroader*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *M. R. Parker*
 Address, *213 E. Heath St*
 Remarks, *Living Well*

18940001640

To be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the attending physician, or other person who makes this Return, or by the mother, or by the father, or by the child, or by any other person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54815 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)— 3rd
 1. Sex, (state whether male or female)— Male
 2. Race or Color, (if not of the white race)— White
 3. Date of Birth, — March 18th 94
 4. Place of Birth, (Street and Number)— 910. South Wolfe st.
 5. Full Name of Mother, — Kate James
 6. Mother's Maiden Name, — Baltimore Md
 7. Mother's Birthplace, — Friedrich James
 8. Full Name of Father, — Laborer
 9. Father's Occupation, — Baltimore Md
 10. Father's Birthplace, —
 Name of Medical Attendant, or other person who makes this Return, — Mary Engelhart
 Address, — 1712 Eastern Ave.
 Remarks, — seven months Birth: born (7.50 A.M.) March
 18th 94 died 3. a. m. March 19th 94

RETURN OF A BIRTH. 57816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

12th of May 94

4. Place of Birth, (Street and Number)

1412 Wilhelm St

5. Full Name of Mother,

Elisabeth Fleming

6. Mother's Maiden Name,

Elisabeth Welle

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Georg Fleming

9. Father's Occupation,

Labor

Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Friederike Heuler Midwife
2116 W. Pratt St

Address,

Remarks,

1 8 9 4 0 0 0 1 6 1 2

any such person as the person who makes this Return, or other person who makes this Return, is liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A

RETURN OF A BIRTH. 54817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Maryland 3

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Solo

3. Date of Birth, March 18

4. Place of Birth, (Street and Number) Hughes St 17

5. Full Name of Mother, Mary E Miller

6. Mother's Maiden Name, Mary E Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Miller

9. Father's Occupation, Waiter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return.

Address, 17 Wenden St

Remarks,

18940001613

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 34818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st X

Sex, (state whether male or female) 7

2. Race or Color, (if not of the white race)

3. Date of Birth, March 18. 94

4. Place of Birth, (Street and Number) 1110 W Doratoga St X

5. Full Name of Mother, Annie Burns

6. Mother's Maiden Name, " Riley

7. Mother's Birthplace, Balto.

8. Full Name of Father, Robt Burns

9. Father's Occupation, Bootler

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, J. M. Hendley

Address, 1002 E. Ave

Remarks,

8940001614

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sunday March 18 - 1894

4. Place of Birth, (Street and Number) Hamburg St 1110 Baltimore Md

5. Full Name of Mother, Mary Ellen Hopfman

6. Mother's Maiden Name, Mary Ellen Jonty

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, ~~John~~ Charles W Hopfman

9. Father's Occupation, Railroad Baltimore

10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, M. B. 9112 C

Address, 77 E. Calvert St

Remarks,

18940001615

RETURN OF A BIRTH, 54830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

18th of May 1904

4. Place of Birth, (Street and Number)

2229 Frederick Road

5. Full Name of Mother,

Juliana Künzel

6. Mother's Maiden Name,

Juliana Schmucke

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Louis Künzel

9. Father's Occupation,

Brecker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Friederike Kehler Midwife

Address,

2116 W. Pratt St

Remarks,

18940001616

any such person or persons who are liable to be recovered as other fines and forfeitures are recoverable, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, within the time and under the penalty provided for in the Act, and any person who fails to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A.

RETURN OF A BIRTH. 54821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

March 18th

4. Place of Birth, (Street and Number)

920 Russell St

5. Full Name of Mother,

Martha Sheffer

6. Mother's Maiden Name,

Martha Holyland

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Emil Sheffer

9. Father's Occupation

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Hellgond Shifer

Address,

641 So. Bacon St

Remarks,

5440001317

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *18 May 1894*
4. Place of Birth, (Street and Number) *Gazee St. No. 1214*
5. Full Name of Mother, *Ellen Hägel*
6. Mother's Maiden Name, *Barry*
7. Mother's Birthplace, *Germania*
8. Full Name of Father, *Peter Hägel*
9. Father's Occupation, *Wagon Driver*
- Father's Birthplace, *Germania*
- Name of Medical Attendant, or other person who makes this Return. *Dr. E. L. N. 434*
- Address. *Haroldine Schray*
- Remarks, *18940001518*

RETURN OF A BIRTH. 54823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

Sex, (state whether male or female)

male

Race or Color, (if not of the white race)

white

Date of Birth,

March-18-1894

Place of Birth, (Street and Number)

10 S. Ann St

Full Name of Mother,

Katie J. Schaller

Mother's Maiden Name,

" " Frederick

Mother's Birthplace,

City

Full Name of Father,

Chas. E. Schaller

Father's Occupation,

Clerk

Father's Birthplace,

Europe Germany

Name of Medical Attendant, or other person who makes this return.

P. B. Dausehnd

Address,

1729 E. Baltimore St.

Remarks,

8940001619

any such person or persons who have been convicted of an offence, to be recovered as other fines and forfeitures are recoverable.

A

RETURN OF A BIRTH. 524824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Marc. 18/94.

4. Place of Birth, (Street and Number) Belt St. No. 125.

5. Full Name of Mother, Lizy Pastorka.

6. Mother's Maiden Name, Borisj

7. Mother's Birthplace, Poland

8. Full Name of Father, Ludwik Butry.

9. Father's Occupation, Poland.

10. Father's Birthplace, Poland.

Name of Medical Attendant, or other person who makes this Return, Agnes Hadotna.

Address, James St. No. 125.

Remarks, Sign.

18940001620

RETURN OF A BIRTH 548257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Mary Land*
1 female

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

1 3 9 4 0 0 0 1 6 2 1

RETURN OF A BIRTH. 54846 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored

Date of Birth March 19

Place of Birth, (Street and Number) Dallas St. 428

Full Name of Mother Alice Williams

Mother's Maiden Name Alice Johnson

Mother's Birthplace Baltimore

Full Name of Father Joseph Johnson

Father's Occupation Laborer

Father's Birthplace Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Walter

Address 428 W Bond St

Remarks

18940001622

Any person who shall hereafter fail to comply with the provisions of this act, or who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any other person who makes this Return, or other person who makes this Return, is liable to the fine of ten (\$10) dollars for each offence, to be recovered as of other fines and forfeitures are recoverable.



RETURN OF A BIRTH.

54827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 19-1894

4. Place of Birth, (Street and Number)

1029 N. Carrollton ave

5. Full Name of Mother,

Carrie A. Henderson

6. Mother's Maiden Name,

Smallwood

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Henderson Jr.

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Shepherd Cooke M.D.

Address,

914 N. Charles St.

Remarks,

18940001623

Any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of not less than five dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. 19th May 1894
4. Place of Birth. (Street and Number) Coxey St. No. 1252
5. Full Name of Mother. Lisa Miles
6. Mother's Maiden Name. Wright
7. Mother's Birthplace. Baltimore
8. Full Name of Father. John Miles
9. Father's Occupation. Wagon Driver
- Father's Birthplace. Baltimore
- Name of Medical Attendant, or other person who makes this Return. _____
- Address. Theresa Schrey Fort Eby 434
- Remarks, _____

18940001624

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A.

RETURN OF A BIRTH. 54829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March 19, 1894

4. Place of Birth, (Street and Number)

218 N. Durham St

5. Full Name of Mother,

Laura Jane Thomas

6. Mother's Maiden Name,

Perferts

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William Edward Thomas

9. Father's Occupation

Laborer

● Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Susan. Hooper

Address,

123 N. Durham St

Remarks,

18940001625

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall herein fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁵⁴⁸³⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 17th 94*

4. Place of Birth, (Street and Number) *#118 Jackson Square*

5. Full Name of Mother, *Anna, Helen*

6. Mother's Maiden Name, *Reitmueller*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Henry B. Hemmeler*

9. Father's Occupation, *Lutheran Minister*

10. Father's Birthplace, *Balto. Ind*

Name of Medical Attendant, or other Person who makes this Return *John C. Hemmeler*

Address, *#1734 Linden Ave*

Remarks,

1894 JAN 16 2 3

any person who neglects to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female),

2. Race or Color, (if not of the white race)

3. Date of Birth, March 19th 1894.

4. Place of Birth, (Street and Number) 323 1/2 Monument Street.

5. Full Name of Mother, Elizabeth Maschert.

6. Mother's Maiden Name, Elizabeth Landrian.

7. Mother's Birthplace, Marietta, Lancaster Co., Pa.

8. Full Name of Father, George Maschert.

9. Father's Occupation, Clerk.

Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, John J. C. Wagner, M.D.

Address, 662 Washington St.

Remarks,

18940001627

RETURN OF A BIRTH. 54832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 18, 1884.

4. Place of Birth, (Street and Number) No. 1041 Harford ave.

5. Full Name of Mother, Elsie Belt.

6. Mother's Maiden Name, Elsie Smith.

7. Mother's Birthplace, Maryland.

8. Full Name of Father, George Belt.

9. Father's Occupation, Carpenter.

10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Aug. C. Clusell M.D.

Address, 1041 Harford Ave.

Remarks, _____

8440001628

RETURN OF A BIRTH, 54833

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth March 19th 1894
4. Place of Birth, (Street and Number) 8 Harlem Ave
5. Full Name of Mother Fannie Gardner
6. Mother's Maiden Name Fannie Tottle
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward H. Tottle
9. Father's Occupation Clark
10. Father's Birthplace Baltimore Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. Amundack Horns, Md.
- Address 871 Harlem Ave
- Remarks

8940001629

any due to person or persons who shall neglect to be recovered as of or fines and forfeitures are recoverable.
subject to the fine of ten (\$10) dollars for each offence.

△. RETURN OF A BIRTH. 54834
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 4th child.
1. Sex, (state whether male or female)... Male
2. Race or Color, (if not of the white race) ...
3. Date of Birth, 19th March 1894.
4. Place of Birth, (Street and Number) 296 20th Baltimore.
5. Full Name of Mother, Charlotte Busenius.
6. Mother's Maiden Name, Ronald.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Rudolf Busenius.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.
Name of Medical Attendant, or other person who makes this Return, Dr. L. Gross.
Address, 1117 12th St.
Remarks, 1894-0001630

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A.

RETURN OF A BIRTH. 54835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2. Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White Race*
3. Date of Birth, *Born March 19th 1894*
4. Place of Birth, (Street and Number) *# 104 Addison Alley*
5. Full Name of Mother, *Mrs. Elizabeth Hafner*
6. Mother's Maiden Name, *Mrs. Schleicher*
7. Mother's Birthplace, *Bayern Germany*
8. Full Name of Father, *George Hafner*
9. Father's Occupation, *Laber*
10. Father's Birthplace, *Bayern Germany*
Name of Medical Attendant, *Mrs. Hiller*
Address, *#2127 W. Pratt Str*
Remarks,

54835

A.

RETURN OF A BIRTH. 54836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1st
- 1. Sex, (state whether male or female)..... Male
- 2. Race or Color, (if not of the white race)..... White
- 3. Date of Birth,..... Dec 14 of Dec 1894
- 4. Place of Birth, (Street and Number)..... No 15 24 Dulaney St
- 5. Full Name of Mother,..... Emma J. Bennett
- 6. Mother's Maiden Name,..... Bennett
- 7. Mother's Birthplace,..... New York
- 8. Full Name of Father,..... James J. Bennett
- 9. Father's Occupation,..... Carpenter
- 10. Father's Birthplace,..... New York
- Name of Medical Attendant, or other person who makes this Return,..... Mrs. C. J. Jones
- Address,..... 359 N. E. St. Baltimore
- Remarks,.....

54836-1632

Each of these persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 19 1894

4. Place of Birth, (Street and Number) 2214 E. Fayette St

5. Full Name of Mother, Katie Herder

6. Mother's Maiden Name, Katie Lange

7. Mother's Birthplace, Pittsburg Pa.

8. Full Name of Father, Emil Herder

9. Father's Occupation, House Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, Dr. J. E. Pennington or other person who makes this Return.

Address, 212 Pat. Pl. Me.

Remarks, 18940001633

any such person or persons who shall hereafter fail to comply with this law, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable, and shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *54838* To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, *2d, 3d, 4th*) *1*

1. Sex, (State whether male or female) *male*

2. Race or color, (if not of the white race) *Colored*

3. Date of Birth, *March 19 - 94*

4. Place of Birth, (Street and Number) *229 Dover st*

5. Full Name of Mother, *Margaret Richardson*

6. Mother's Maiden Name, *Margaret Richardson*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *William Watts*

9. Father's Occupation, *Carriage driver*

Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *J. N. Wiley M.D.*

Address, *724 N. Leary st*

Remarks, *The parties are unmarried - Child is illegitimate*

18940001634

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

524839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Martin Francis Neffman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth, March 17, 1915

4. Place of Birth, (Street and Number) 2339 Hammon Street.

5. Full Name of Mother, Anna Herrmann

6. Mother's Maiden Name, Leubert

7. Mother's Birthplace, Wittsburg i Bayern - Germany

8. Full Name of Father, Lehmann Herrmann

9. Father's Occupation, Latex Taylor

10. Father's Birthplace, Bamberg i Bayern - Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. M. K. Schulz from

Address, the Evening Dispensary, 614 S. Charles Street.

Remarks, _____

18940001635

ected in the fine of ten (\$10) dollars for each offence, to be recovered as other penalties are recovered.

RETURN OF A BIRTH. 54840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 18th
4. Place of Birth, (Street and Number) 1225 Patapsco St.
5. Full Name of Mother, Maggie
6. Mother's Maiden Name, Maggie Hasselberger
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Andrew Lohn
9. Father's Occupation, Candy maker
- Father's Birthplace, Balt. Md.
- Name of Medical Attendant, or other person who makes this Return, Katie Munsch
- Address, 800 Laddenhall St
- Remarks,

54840001636

any such person or persons, who neglects to return this form, or who returns a false statement, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report the birth to the Registrar of Vital Statistics, Baltimore City, within the time specified in the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
- Sex, (state whether ~~male~~ ^{female} female)
- Race or Color, (if not of the white race)
- Date of Birth, March 19th 1894
- Place of Birth, (Street and Number) 1512 S. Charles St.
- Full Name of Mother, Emma T. Smith
- Mother's Maiden Name, Emma T. Smith
- Mother's Birthplace, S. C. near Pratt & General
- Full Name of Father, David S. Smith
- Father's Occupation, Builder
- Father's Birthplace, N. W. near S. Charles & Williams
- Name of Medical Attendant, or other person who makes this Return, Mrs. Maria Smith
- Address, 806 Leadenhall St. Baltimore
- Remarks,

54841

RETURN OF A BIRTH. 54842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 19th 1894

4. Place of Birth, (Street and Number) 209 Parkman St

5. Full Name of Mother, Johanna Strom

6. Mother's Maiden Name, Hankelmann

7. Mother's Birthplace, Hannover

8. Full Name of Father, Joseph Strom

9. Father's Occupation, Stock Clerk

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. William Graf

Address, 206 W. Schsoder St

Remarks, 18940001638

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Child No 1

Color White

Female

Born May. 19th

1631 East Pratt street

Rosalie S. Huart

Rosalie S. Robson

Born Baltimore Md

Frank Huart

Marine Engineer

Kew Brompton England

T Mrs Burns

Filed 2/3/18 9 4 0 0 1 6 3 9

RETURN OF A BIRTH. 54844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2nd of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar 19 - 94

4. Place of Birth, (Street and Number) 2116 The Lane Ave

5. Full Name of Mother, Mrs Mary French Birt

6. Mother's Maiden Name, "

7. Mother's Birthplace, Balto

8. Full Name of Father, Chas Birt

9. Father's Occupation, Bond Brokerman

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E. S. Ussish M.D.

Address, Union Square

Remarks,

8940001640

RETURN OF A BIRTH. 54845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No. 1*
- Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Born 19 April*
4. Place of Birth, (Street and Number) *1626 Belor Avenue*
5. Full Name of Mother, *Flora Pasauar*
6. Mother's Maiden Name, *Flora Finckes*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henry C. Pasauar*
9. Father's Occupation, *Brew Brewer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Bruns*
- Address, _____
- Remarks, _____

8940001641

any such person or persons as may be liable to be recovered as other dues and forfeitures are recoverable.
Justified to the fee of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 54846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 19th March 1894
4. Place of Birth, (Street and Number) 1542 William St
5. Full Name of Mother, Minnie Linnell
6. Mother's Maiden Name, Otto
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Linnell
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell
Address, 236 E. Fort Ave
Remarks,

8940001642

RETURN OF A BIRTH. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

54847

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number) 19 Wood

Full Name of Mother, 674 West Baltimore

Mother's Maiden Name, Bella Block

Mother's Birthplace, Balto Katy

Full Name of Father, Julius Block

Father's Occupation, Clerk

Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Ullig

Address, 802 E Lexington

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...1

1. Sex, (state whether male or female)...Male

2. Race or Color, (if not of the white race)...

3. Date of Birth, 19 March

4. Place of Birth, (Street and Number) 1222 E Lexington St

5. Full Name of Mother, Annie Wagner

6. Mother's Maiden Name, Maissell

7. Mother's Birthplace, Balto

8. Full Name of Father, Frederick Wagner

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R. Ully

Address, 1302 E Lexington St

Remarks,

8 9 4 0 0 0 1 6 4 4

Jeeted to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A.

RETURN OF A BIRTH. 54849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 19 March 1894

4. Place of Birth, (Street and Number) W. 1st St. No. 30

5. Full Name of Mother, Amelia Dixon

6. Mother's Maiden Name, " "

7. Mother's Birthplace, of color, Md

8. Full Name of Father, Edmond Brown

9. Father's Occupation, carpenter

10. Father's Birthplace, of color, Md

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1110 near Baker

Remarks, " "

8940001645

Persons who fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

△. RETURN OF A BIRTH. 54850
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 19th 94

4. Place of Birth, (Street and Number)

1509 Williams

5. Full Name of Mother,

Mary A. Rogan

6. Mother's Maiden Name,

Mary A. McConville

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John M. Rogan

9. Father's Occupation,

Fireman

10. Father's Birthplace,

Fredman Co. Md.

Name of Medical Attendant, or other person who makes this Return,

D. J. Phillips M.D.

Address,

Remarks,

8940001648

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10.
Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 20. March.
4. Place of Birth, (Street and Number) N. 107. Capital. Street.
5. Full Name of Mother, Harri Schmidt.
6. Mother's Maiden Name, Harri Wessinger.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Charles Schmidt.
9. Father's Occupation, Tailor.
10. Father's Birthplace, Germany.
Name of Medical Attendant, or other person who makes this Return, Harri Weiss.
Address, N. 1807. Lombard. Street.
Remarks,

8940001647

RETURN OF A BIRTH. 54853 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March 20th 1894
 4. Place of Birth, (Street and Number) 212 S. Charles St.
 5. Full Name of Mother, Mary Catharine Phillips
 6. Mother's Maiden Name, Mary C. Shafer
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, Emanuel Phillips
 9. Father's Occupation, Rail Road Labor
 10. Father's Birthplace, Westminister, Carroll Co. Md.
 Name of Medical Attendant, or other person who makes this Return, Ellenora A. Anderson
 Address, 1434 Patapsco St.
 Remarks, _____

18940001649

RETURN OF A BIRTH. 524834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20 March

4. Place of Birth, (Street and Number) 2016 Lafayette

5. Full Name of Mother, Rosa Nickless

6. Mother's Maiden Name, Rosa Ries

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Consoth Nickless

9. Father's Occupation, Cooper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Schuman

Address, 409 South Bond St

Remarks,

8940001650

any such person or persons who shall neglect to comply with the provisions of this act, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

54855

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 20 1894

4. Place of Birth, (Street and Number)

1321 N. Caroline St

5. Full Name of Mother,

Mary A. Davis

6. Mother's Maiden Name,

Mary Alice Cozzens

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Edward S. Davis

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

H. H. Biedler M.D.

Address,

119 W. Saratoga St

Remarks,

within the period above required, except in the cases of the father and mother, who shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

8940091651

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 2-21-57
RETURN OF A BIRTH. 54856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Catherine Fredericka Jewer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex, (state whether male or female) male

Race or Color, (if not of the white race) Fair

Date of Birth, 20 March 1894

Place of Birth, (Street and Number) Thames str 1504

Full Name of Mother, Fredricka Jewer Jewer

Mother's Maiden Name, Fryers

Mother's Birthplace, Md Baltimore

Full Name of Father, Johan Jewer Jewer

Father's Occupation, seafaring

Father's Birthplace, Md Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Mr. Orell

Remarks, N Bond str 832

18940001652

RETURN OF A BIRTH. 54857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940001653

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to be recovered as other fines and forfeitures are recoverable. fected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940001654

RETURN OF A BIRTH. 54859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anniah H. Habahn
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
 Sex, (state whether male or female) Female
 1. Sex, (state whether male or female) White
 2. Race or Color, (if not of the white race) 20 March 1894
 3. Date of Birth, 140 Slessers St
 4. Place of Birth, (Street and Number) Maryland (La Habahn)
 5. Full Name of Mother, Minnie Roberts
 6. Mother's Maiden Name, Baltimore
 7. Mother's Birthplace, Annapolis (La Habahn)
 8. Full Name of Father, Corporal
 9. Father's Occupation, Baltimore
 10. Father's Birthplace, M. R. Leasker
 Name of Medical Attendant, or other person who makes this Return, 213 E. Heath St
 Address, Haring Hall
 Remarks, 18940001655

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d & Head

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, the 20

4. Place of Birth, (Street and Number) Bethel St No 17

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name, Mary Stepling

7. Mother's Birthplace, Eastern shore Maryland

8. Full Name of Father, Charles Edward Smith

9. Father's Occupation, agent shipping and milk making

10. Father's Birthplace, Baltimore Maryland M D

Name of Medical Attendant, or other person who makes this Return, Foster Henderson

Address, 1644 Fifth Broadway Court

Remarks, _____

8940001656

any such person or persons who shall neglect to file this return, or who shall file a false return, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th.*
 Sex, (state whether male or female) *Male.*
 2. Race or Color, (if not of the white race) *Colored.*
 3. Date of Birth, *Mar. 20th. 1894.*
 4. Place of Birth, (Street and Number) *1080 Balto St.*
 5. Full Name of Mother, *Elizabeth Robson.*
 6. Mother's Maiden Name, *Elizabeth Augustus.*
 7. Mother's Birthplace, *West River.*
 8. Full Name of Father, *George Robson.*
 9. Father's Occupation, *Steward.*
 10. Father's Birthplace, *Annapolis.*
 Name of Medical Attendant, or other person who makes this Return, *Ann Cornish.*
 Address, *# 871, Boyd St.*
 Remarks,

6740001657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12. 6 children*
 Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *Cokerd*
 3. Date of Birth, *20 March 1894*
 4. Place of Birth, (Street and Number) *202 Bradford St*
 5. Full Name of Mother, *Rebecca Foster*
 6. Mother's Maiden Name, *Rebecca Chapman*
 7. Mother's Birthplace, *St. Marys County Md.*
 8. Full Name of Father, *George Foster*
 9. Father's Occupation, *laborer*
 10. Father's Birthplace, *Dor. Chester Co. Md.*
 Name of Medical Attendant, or other person who makes this Return, *Sarah A. Jones*
 Address, *523 Paterson Park Ave. N.Y.*
 Remarks, *Healthy*

15940001658

Caution to report as follows: In case of a child born to a mother who is not a resident of Baltimore City, the mother must file a return for such child, and pay the fee thereon, before the child is one year old, or the mother will be liable to the fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
- Sex, (state whether male or female) female
- Race or Color, (if not of the white race) White
- Date of Birth, March 20th 1894
- Place of Birth, (Street and Number) No. 202 E. Fort Ave
- Full Name of Mother, Minnie Patterson
- Mother's Maiden Name, Minnie Patterson
- Mother's Birthplace, Dorchester, Mass
- Full Name of Father, John Patterson
- Father's Occupation, Boiler maker
- Father's Birthplace, Dunfermline Scotland
- Name of Medical Attendant, or other person who makes this Return, Catharine Hanning
- Address, No. 1517 Byrd St
- Remarks, Bessie E. Patterson

18940001659

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940001660

to report as in the case of a child, and if such person or persons shall hereafter fail to comply with the provisions of this section, shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

D.

RETURN OF A BIRTH. 54866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Ways - 20 Marc*

3. Date of Birth, *March 20*

4. Place of Birth, (Street and Number) *P. Bond str. 822*

5. Full Name of Mother, *Mari Bath*

6. Mother's Maiden Name, *Dicke*

7. Mother's Birthplace, *Tajeland*

8. Full Name of Father, *Julius Bath*

9. Father's Occupation, *Bath machine*

10. Father's Birthplace, *Almon*

Name of Medical Attendant, or other person who makes this Return, *M. P. Hill*

Address, *P. Bond str. 838*

Remarks, *8440001661*

A.

RETURN OF A BIRTH. 54866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *21 March*
 4. Place of Birth, (Street and Number) *322 W. 1st.*
 5. Full Name of Mother, *Lizzie Ruppel*
 6. Mother's Maiden Name, *Lizzie Trener*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *William Ruppel*
 9. Father's Occupation, *Barber*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return. *Mary J. Pertner*
 Address, *241 S. Chester*
 Remarks,

8-9 4 0 0 0 1 6-6-2

RETURN OF A BIRTH. 54867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
person or persons who shall hereafter fail to comply with this section shall be sub-
jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 21 - 1894

4. Place of Birth, (Street and Number) 1829 S. Charles st.

5. Full Name of Mother, Maria Welsh

6. Mother's Maiden Name, Kanderer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Olin Welsh

9. Father's Occupation, Brickman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.

Address, 914 S. Charles st.

Remarks, _____

8940001663

child to report its birth to the Commissioner of Health, in the manner and within the time specified in the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

54868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Augusta Katharine Weber

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race)

3. Date of Birth, 21st March

4. Place of Birth, (Street and Number) 1633 Harwood St

5. Full Name of Mother, Augusta K. Weber

6. Mother's Maiden Name, A. K. Weber

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Frank Weber

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, John M. Mink

Address, 800 Lexington St

Remarks,

8940001664

RETURN OF A BIRTH. 54869 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 21 - 94*

4. Place of Birth, (Street and Number) *712 Portland St*

5. Full Name of Mother, *Caroline E. Kavanaugh*

6. Mother's Maiden Name, *Demmer*

7. Mother's Birthplace, *Balt Md*

8. Full Name of Father, *Osiris Kavanaugh*

9. Father's Occupation, *Collector*

10. Father's Birthplace, *Balt Md*

Name of Medical Attendant, or other person who makes this Return, *Mrs Bange*

Address, *711 1st Cross St*

Remarks, _____

8940001665

any such person or persons who shall hereafter be convicted of any offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH.

54870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 21st 1894
4. Place of Birth, (Street and Number) Houses Court # 11
5. Full Name of Mother, Emma Dyson
6. Mother's Maiden Name, Emma Dyson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Cole
9. Father's Occupation, Barber
- Father's Birthplace, Mississippi
- Name of Medical Attendant, or other person who makes this Return, Annie Johnson
- Address, 1045 - Bess Street
- Remarks, 1 8 9 4 0 0 0 1 6 6 6

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of not less than five dollars and not more than ten dollars, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 5
1. Sex, (state whether male or female)..... male
2. Race or Color, (if not of the white race)..... white
3. Date of Birth,..... 11 March
4. Place of Birth, (Street and Number)..... 1315 Avenue
5. Full Name of Mother,..... Lizzie Wyckoff
6. Mother's Maiden Name,..... Riley
7. Mother's Birthplace,..... Baltimore
8. Full Name of Father,..... Henry Wyckoff
9. Father's Occupation,..... Blacksmith
10. Father's Birthplace,..... Germany
- Name of Medical Attendant, or other person who makes this Return,..... Dr. J. M. W. W. W.
- Address,..... Hill at 1231 Laurel Point
- Remarks,.....

8 9 4 0 0 0 1 6 6 7

RETURN OF A BIRTH. 54872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21st March

4. Place of Birth, (Street and Number) 1417 Ensor st

5. Full Name of Mother, Beatrice Franklin

6. Mother's Maiden Name, Beatrice Snyder

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Joseph Franklin

9. Father's Occupation, Motorman

10. Father's Birthplace, Buffalo, New York

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. [unclear]

Address, 212 N. 1st Avenue

Remarks, 18940001668

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 54873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 21, 1897

4. Place of Birth, (Street and Number) 1139 Hanover St

5. Full Name of Mother, Mary C. Lockman

6. Mother's Maiden Name, Mary C. Lockman

7. Mother's Birthplace, Frederick

8. Full Name of Father, John C. Lockman

9. Father's Occupation, Restaurant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. Valentine

Address, 1002 E. Pratt St

Remarks, _____

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this act shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 54874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1/

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, March 21st

4. Place of Birth, (Street and Number) No. 11 S. Stockton St.

5. Full Name of Mother, Josephine Griffin

6. Mother's Maiden Name, Josephine Butler

7. Mother's Birthplace, Charles County Md.

8. Full Name of Father, Llewellyn Griffin

9. Father's Occupation, works in a furniture factory

Father's Birthplace, Leicester, Virginia

Name of Medical Attendant, or other person who makes this Return, Carolina Luen

Address, 10.66 Kalog St.

Remarks, _____

1 8 9 4 0 0 0 1 6 7 0

RETURN OF A BIRTH. 54875- To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 21 1894

4. Place of Birth, (Street and Number) 912. Boyd St. Baltimore

5. Full Name of Mother, Margaret McDaniel

6. Mother's Maiden Name, Margaret McLofty

7. Mother's Birthplace, Ireland

8. Full Name of Father, James McDaniel

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mr. Meyer

Address, 924 Bellvue St. Baltimore

Remarks,

18940001671

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
Father's Birthplace,
Name of Medical Attendant, or other person who makes this Return.
Address,
Remarks,

RETURN OF A BIRTH 54876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1
Female
Colored.
Marach. 21
Baltimore 306 Persim st
Laura Virginia Snell
Laura. V. Snell.
Howard Co.
Frank. Johnson.
Brick yard.
Washington D.C.
Carling Queen.
1066 Rabing St.
1 8 9 4 0 0 0 1 6 7 2

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. March 21 8

4. Place of Birth, (Street and Number) 762 16th Street

5. Full Name of Mother, Betty Klatt

6. Mother's Maiden Name, Rosmer

7. Mother's Birthplace, Germany

8. Full Name of Father, Albert Klatt

9. Father's Occupation, Lab or

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bunge

Address, 711 N. Broad St

Remarks, _____

8940001674

RETURN OF A BIRTH. 54879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, March 22, 1895

4. Place of Birth, (Street and Number) 1185 Hanover Street

5. Full Name of Mother, Nellie Weaver

6. Mother's Maiden Name, Gallan

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, James Lemish Weaver

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. J. J. J. J.

Address, 514 S. Charlotte St.

Remarks,

8940001675

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and is liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

For every line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A.

RETURN OF A BIRTH, 524880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 28, 1894

4. Place of Birth, (Street and Number) Baltimore Ind 2034 Harry James St

5. Full Name of Mother, Clara V Phillips

6. Mother's Maiden Name, Clara V Skinner

7. Mother's Birthplace, Baltimore Ind

8. Full Name of Father, James V Phillips

9. Father's Occupation, Electrician

10. Father's Birthplace, Baltimore Ind

Name of Medical Attendant, or other person who makes this Return, Dr. Mary Fleming

Address, 414 S. Strickland St Baltimore Ind

Remarks, Both Ind. child are doing well

8940001676



RETURN OF A BIRTH. 54881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 12 March

4. Place of Birth, (Street and Number) 1215 Scott St.

5. Full Name of Mother, Juliane Hochman

6. Mother's Maiden Name, " " Epping

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Joseph Hochman

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. H. Bischoff

Address, 1136 Cleveland St.

Remarks,

8 4 4 0 0 0 1 6 7 7

RETURN OF A BIRTH. 54882 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Six*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *22nd March 1894*

4. Place of Birth, (Street and Number) *#108 Cross Street*

5. Full Name of Mother, *Mollie Burnham*

6. Mother's Maiden Name, *Mollie Pettit*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Thomas J. Burnham*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. O. Chayer*

Address, *124 Hollis St.*

Remarks, *Baltimore Md.*

18940001678

RETURN OF A BIRTH. 574883 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Twins

Sex, (state whether male or female)

Charles

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March

22

4. Place of Birth, (Street and Number)

421 State St
Elmhurst

State St

5. Full Name of Mother,

Elmhurst Phillipt

6. Mother's Maiden Name,

Elmhurst Freeman

7. Mother's Birthplace,

Washington City

8. Full Name of Father,

Willie Phillipt

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return,

642

Jarper

Address,

Remarks,

18940001679



RETURN OF A BIRTH. 54884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

54884 - Twins
Male & Female

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 22

4. Place of Birth, (Street and Number)

229 Madison Ave.

5. Full Name of Mother,

Hora Warner

6. Mother's Maiden Name,

Myers

7. Mother's Birthplace,

Carroll Co.

8. Full Name of Father,

O. J. H. Warner

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other person who makes this Return.

L. M. Wilson

Address,

1008 Madison Ave

Remarks,

1 8 9 4 0 0 0 1 6 8 0

RETURN OF A BIRTH. 54885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 5th

Sex, (state whether male or female)... Female

2. Race or Color, (if not of the white race)...

3. Date of Birth... 22 March

4. Place of Birth, (Street and Number)... No. 1409 N. E. Carey

5. Full Name of Mother... Nellie Amos

6. Mother's Maiden Name... Dillon

7. Mother's Birthplace... Eastern Shore

8. Full Name of Father... Charles Amos

9. Father's Occupation... Musician

10. Father's Birthplace... Baltimore

Name of Medical Attendant, or other person who makes this Return... Mrs. L. Jones

Address... No. 1907 E. Monument St. M.

Remarks...

1 5 9 4 0 0 0 1 6 8 1

any such person or persons who neglects or refuses to make this return, or who makes a false return, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 54886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 22nd 1894
4. Place of Birth, (Street and Number) 440 Short St.
5. Full Name of Mother, Emma Potter
6. Mother's Maiden Name, Douglas
7. Mother's Birthplace, Easton Talbot County
8. Full Name of Father, Richard Potter
9. Father's Occupation, Laborer
10. Father's Birthplace, Prince George County
- Name of Medical Attendant, or other person who makes this return, Francis A. Sauer M.D.
- Address, 439 N. Central Ave.
- Remarks, _____

54886

RETURN OF A BIRTH. 54887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Mar. 22 1894
4. Place of Birth, (Street and Number) 253 Canal St.
5. Full Name of Mother, Caroline Campbell
6. Mother's Maiden Name, Caroline Butler
7. Mother's Birthplace, Prince George Co. Md.
8. Full Name of Father, Peter Campbell
9. Father's Occupation, Plumber
10. Father's Birthplace, St. Mary's Co. Md.
- Name of Medical Attendant, or other person who makes this Return, Chas. D. Carter
- Address, Woman's Medical College
- Remarks,

8940001683

RETURN OF A BIRTH 54889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Hard*

1. Sex, (State whether male or female) *female*

2. Race or color, (if not of the white race) *Cotona*

3. Date of Birth, *March 22nd*

4. Place of Birth, (Street and Number) *550 St Marys St*

5. Full Name of Mother, *Alice E. Biscoe*

6. Mother's Maiden Name, *Alice E. Johnson*

7. Mother's Birthplace, *Baltimore County Md*

8. Full Name of Father, *Joseph H. Biscoe*

9. Father's Occupation, *Welder*

10. Father's Birthplace, *St Marys county Md*

Name of Medical Attendant, or other person who makes this Return. *Dr J J Forsett*

Address, *563 Dolphin St*

Remarks, *18940001605*

any such person or persons who shall be convicted of any offense under this act shall be liable to a fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recovered.



RETURN OF A BIRTH 54890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

March 22, 1904

4. Place of Birth (Street and Number),

656 Portland St

5. Full Name of Mother,

Ida Frankton

6. Mother's Maiden Name,

Ida Tucker

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

John Frankton

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

England

Name of Medical Attendant, or other person who makes this Return.

Mc. L. Hooper M.D.

Address,

1327 Hanover St.

Remarks,

who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of not more than \$100, for each offence, to be recovered as other fines and forfeitures are recoverable.



GIVEN NAME ADDED 11-21-56
RETURN OF A BIRTH. 54891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Katharine Leineweber
of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 22 March 1894
4. Place of Birth, (Street and Number) 1348 Gessett Ave.
5. Full Name of Mother, Kath. Leineweber
6. Mother's Maiden Name, " Birger
7. Mother's Birthplace, Joff Germany
8. Full Name of Father, Joff Leineweber
9. Father's Occupation Tailors
- Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Dr. J. M. M. M.
- Address, 1321 Shell at Lanes Point.
- Remarks,

18940001687

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr 22nd March 1894

4. Place of Birth, (Street and Number) No 346 E. Gay St

5. Full Name of Mother, Barbara Leonard

6. Mother's Maiden Name, Barbara Williamson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Leonard

9. Father's Occupation, Restaurant

Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Dr. Ch. L. L. L.

Address, No 1054 North of the

Remarks, Birth of child

1894

8 9 4 0 0 8 1 6 8 8

Person or persons who shall return this Return, or any part thereof, or who shall knowingly furnish false information, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *March 22nd 1894*
4. Place of Birth, (Street and Number) *Baltimore, Md*
5. Full Name of Mother, *Georgeann Anderson*
6. Mother's Maiden Name, *on married*
7. Mother's Birthplace, *Child Born: 165 Chesnut St*
8. Full Name of Father,
9. Father's Occupation
- Father's Birthplace,
- Name of Medical Attendant, or other person who makes this Return, *Elizabeth Champ*
- Address, *530 Rogers Ave*
- Remarks,

18940001689

RETURN OF A BIRTH. 54894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *Frederick Christian Schulze*

Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *23 March*

4. Place of Birth, (Street and Number) *402 Madison St*

5. Full Name of Mother, *Henrietta Schulze*

6. Mother's Maiden Name, *Henrietta Guntter*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Andrew Schulze*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Harry A. Pertner*

Address, *241 S. Chester St.*

Remarks,

18940001690

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March the 23rd 1894*

4. Place of Birth, (Street and Number) *1226 Patapsco St.*

5. Full Name of Mother, *Mary Shankel*

6. Mother's Maiden Name, *Mary Crumpton*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *George Shankel*

9. Father's Occupation, *Brick Layer*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return, _____

Address, _____

Remarks, *Mrs Maggie Wilkison*

3 9 4 0 0 0 1 6 9 1

RETURN OF A BIRTH. 54896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
 1. Sex, (state whether male or female) Female.
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March 23rd 1894
 4. Place of Birth, (Street and Number) #602 Patterson Pk. Ave. Baltimore
 5. Full Name of Mother, Annie Cunningham
 6. Mother's Maiden Name, Annie Fritz
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Fred. Cunningham
 9. Father's Occupation, Holder
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this return, Mrs. Mary M. Taylor.
 Address, #615 S. Patterson Pk. Ave.
 Remarks, _____

18940001692

RETURN OF A BIRTH. 54897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.
 1. Sex, (state whether male or female) triple males.
 2. Race or Color, (if not of the white race) White.
 3. Date of Birth, March 23rd 1894.
 4. Place of Birth, (Street and Number) 611 S. Patterson Ph. Ave. Balto.
 5. Full Name of Mother, Amelia Gertrude Sommers.
 6. Mother's Maiden Name, Amelia Gertrude Wiley.
 7. Mother's Birthplace, Baltimore.
 8. Full Name of Father, Benjamin Sommers.
 9. Father's Occupation, Laborer.
 10. Father's Birthplace, Baltimore.
 Name of Medical Attendant, or other person who makes this return, Mrs. Mary M. Taylor.
 Address, # 615 S. Patterson Ph. Ave.
 Remarks, _____

8940001693

RETURN OF A BIRTH. 54898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 23-94

4. Place of Birth, (Street and Number)

(4) 1710 N. Patterson Ave (Park)

5. Full Name of Mother,

(5) Mary Frohne

6. Mother's Maiden Name,

(6) Barkanaw

7. Mother's Birthplace,

(7) Baltimore

8. Full Name of Father,

(8) John Frohne

9. Father's Occupation

(9) Teamster (Baltimore)

10. Father's Birthplace,

(10) Mrs Mary A. Allard

Name of Medical Attendant, or other person who makes this Return.

1438 N. Bond St

Address,

Remarks,

6940001694

any such person of persons who will have been rejected to the fine of ten (10) dollars for each offence, to be recovered as of fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23rd May 1874
4. Place of Birth, (Street and Number) No. 302
5. Full Name of Mother, Lise Birlein
6. Mother's Maiden Name, Grafe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Georg Birlein
9. Father's Occupation, Wagon Maker
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Dr. E. J. L. 434
- Address, Matoline Schreyer
- Remarks, _____

8940001695

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the foregoing provisions of this act, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 23^d

4. Place of Birth, (Street and Number) 1222 Stockholm at

5. Full Name of Mother, Emma Parks

6. Mother's Maiden Name, Emma McGuorth

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Malachi Parks

9. Father's Occupation, Brick Layer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 W. B. Road at

Remarks, _____

8940001696

RETURN OF A BIRTH. 54902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col

3. Date of Birth, March 23/94

4. Place of Birth, (Street and Number) 222 Rock St

5. Full Name of Mother, Fannie Shipley

6. Mother's Maiden Name, Fannie Shipley

7. Mother's Birthplace, Ind

8. Full Name of Father, Ernest Johnson

9. Father's Occupation, Lab

10. Father's Birthplace, Ind

Name of Medical Attendant, or other person who makes this Return, James M. M. M.

Address, _____

Remarks, _____

8940001698

Child to report, as required by law, after failure to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 23, 1894*

4. Place of Birth, (Street and Number) *No. 1605 Point Lane*

5. Full Name of Mother, *Mollie Becker*

6. Mother's Maiden Name, *Mollie Meigs*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Harry Becker*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other person who makes this Return, *Aug. A. Oberly, M.D.*

Address, *11241 Hanford Ave*

Remarks,

8940001699

child to report its birth to the Commissioner of Health, and any person who shall hereunder fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54904 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 23*

4. Place of Birth, (Street and Number) *323 N. Paca St*

5. Full Name of Mother, *Tola Isaacs*

6. Mother's Maiden Name, *Tola Jones*

7. Mother's Birthplace, *Carmichael Co. S.C.*

8. Full Name of Father, *Lehas E. Isaacs*

9. Father's Occupation, *Telegraph. Op.*

Father's Birthplace, *Howard Co. Md.*

Name of Medical Attendant, or other person who makes this Return, *Bartus Tiew M.D.*

Address, *409 W. Lombard St*

Remarks, *8940001700*

RETURN OF A BIRTH. 54915
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 23 - 1894
4. Place of Birth, (Street and Number) 1507 E. Bitter St.
5. Full Name of Mother, Maggi Dayly
6. Mother's Maiden Name, Banks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Dayly
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Harry Stein
Address, 427 E. Pratt St.
Remarks,

8440001701

RETURN OF A BIRTH. 54 986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,

March 23 / 94

4. Place of Birth, (Street and Number)...

826 Calverton rd

5. Full Name of Mother,

Louisa Bertram

6. Mother's Maiden Name,

Perry

7. Mother's Birthplace,

md

8. Full Name of Father,

Wm Bertram

9. Father's Occupation,

Electrician

10. Father's Birthplace,

Washington D.C.

Name of Medical Attendant, or other person who makes this Return,

M. A. Carter M.D.

Address,

1820 N. Baltimore St.

Remarks,

18940001702

RETURN OF A BIRTH ⁵⁴⁹⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sum*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 23rd 1894*

4. Place of Birth, (Street and Number) *1555 Regent Ave.*

5. Full Name of Mother, *Matilda Lay*

6. Mother's Maiden Name, *Urin*

7. Mother's Birthplace, *Cheshire Pa*

8. Full Name of Father, *George J Lay*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Philadelphia*

Name of Medical Attendant, or other Person who makes this Return, *Wm. Barlow*

Address, *700 Lafayette Ave.*

Remarks,

report its birth to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH. 54908
Office of Registrar of Vital Statistics

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 23/98

4. Place of Birth, (Street and Number) 2335 Millman str.
5. Full Name of Mother. Theresia K.

5. Full Name of Mother, Theresia Kaufman
6. Mother's Maiden Name, "

6. Mother's Maiden Name, "Naufus
7. Mother's Birthplace, "Seidel

7. Mother's Birthplace, *Chicago, Ill.*

8. Full Name of Father, Kenneth Kaufman

9. Father's Occupation *Butcher*

9. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Mrs. Leisenhader

2225 Garph str

8 9 4 0 0 0 1 7 0 4

M. J. C. Delany Co., City Printers and Stationers.

RETURN OF A BIRTH. 54909
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Child of Mother. (state whether 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th, 101st, 102nd, 103rd, 104th, 105th, 106th, 107th, 108th, 109th, 110th, 111th, 112th, 113th, 114th, 115th, 116th, 117th, 118th, 119th, 120th, 121st, 122nd, 123rd, 124th, 125th, 126th, 127th, 128th, 129th, 130th, 131st, 132nd, 133rd, 134th, 135th, 136th, 137th, 138th, 139th, 140th, 141st, 142nd, 143rd, 144th, 145th, 146th, 147th, 148th, 149th, 150th, 151st, 152nd, 153rd, 154th, 155th, 156th, 157th, 158th, 159th, 160th, 161st, 162nd, 163rd, 164th, 165th, 166th, 167th, 168th, 169th, 170th, 171st, 172nd, 173rd, 174th, 175th, 176th, 177th, 178th, 179th, 180th, 181st, 182nd, 183rd, 184th, 185th, 186th, 187th, 188th, 189th, 190th, 191st, 192nd, 193rd, 194th, 195th, 196th, 197th, 198th, 199th, 200th, 201st, 202nd, 203rd, 204th, 205th, 206th, 207th, 208th, 209th, 210th, 211th, 212th, 213th, 214th, 215th, 216th, 217th, 218th, 219th, 220th, 221st, 222nd, 223rd, 224th, 225th, 226th, 227th, 228th, 229th, 230th, 231st, 232nd, 233rd, 234th, 235th, 236th, 237th, 238th, 239th, 240th, 241st, 242nd, 243rd, 244th, 245th, 246th, 247th, 248th, 249th, 250th, 251st, 252nd, 253rd, 254th, 255th, 256th, 257th, 258th, 259th, 260th, 261st, 262nd, 263rd, 264th, 265th, 266th, 267th, 268th, 269th, 270th, 271st, 272nd, 273rd, 274th, 275th, 276th, 277th, 278th, 279th, 280th, 281st, 282nd, 283rd, 284th, 285th, 286th, 287th, 288th, 289th, 290th, 291st, 292nd, 293rd, 294th, 295th, 296th, 297th, 298th, 299th, 300th, 301st, 302nd, 303rd, 304th, 305th, 306th, 307th, 308th, 309th, 310th, 311th, 312th, 313th, 314th, 315th, 316th, 317th, 318th, 319th, 320th, 321st, 322nd, 323rd, 324th, 325th, 326th, 327th, 328th, 329th, 330th, 331st, 332nd, 333rd, 334th, 335th, 336th, 337th, 338th, 339th, 340th, 341st, 342nd, 343rd, 344th, 345th, 346th, 347th, 348th, 349th, 350th, 351st, 352nd, 353rd, 354th, 355th, 356th, 357th, 358th, 359th, 360th, 361st, 362nd, 363rd, 364th, 365th, 366th, 367th, 368th, 369th, 370th, 371st, 372nd, 373rd, 374th, 375th, 376th, 377th, 378th, 379th, 380th, 381st, 382nd, 383rd, 384th, 385th, 386th, 387th, 388th, 389th, 390th, 391st, 392nd, 393rd, 394th, 395th, 396th, 397th, 398th, 399th, 400th, 401st, 402nd, 403rd, 404th, 405th, 406th, 407th, 408th, 409th, 410th, 411th, 412th, 413th, 414th, 415th, 416th, 417th, 418th, 419th, 420th, 421st, 422nd, 423rd, 424th, 425th, 426th, 427th, 428th, 429th, 430th, 431st, 432nd, 433rd, 434th, 435th, 436th, 437th, 438th, 439th, 440th, 441st, 442nd, 443rd, 444th, 445th, 446th, 447th, 448th, 449th, 450th, 451st, 452nd, 453rd, 454th, 455th, 456th, 457th, 458th, 459th, 460th, 461st, 462nd, 463rd, 464th, 465th, 466th, 467th, 468th, 469th, 470th, 471st, 472nd, 473rd, 474th, 475th, 476th, 477th, 478th, 479th, 480th, 481st, 482nd, 483rd, 484th, 485th, 486th, 487th, 488th, 489th, 490th, 491st, 492nd, 493rd, 494th, 495th, 496th, 497th, 498th, 499th, 500th, 501st, 502nd, 503rd, 504th, 505th, 506th, 507th, 508th, 509th, 510th, 511th, 512th, 513th, 514th, 515th, 516th, 517th, 518th, 519th, 520th, 521st, 522nd, 523rd, 524th, 525th, 526th, 527th, 528th, 529th, 530th, 531st, 532nd, 533rd, 534th, 535th, 536th, 537th, 538th, 539th, 540th, 541st, 542nd, 543rd, 544th, 545th, 546th, 547th, 548th, 549th, 550th, 551st, 552nd, 553rd, 554th, 555th, 556th, 557th, 558th, 559th, 560th, 561st, 562nd, 563rd, 564th, 565th, 566th, 567th, 568th, 569th, 570th, 571st, 572nd, 573rd, 574th, 575th, 576th, 577th, 578th, 579th, 580th, 581st, 582nd, 583rd, 584th, 585th, 586th, 587th, 588th, 589th, 590th, 591st, 592nd, 593rd, 594th, 595th, 596th, 597th, 598th, 599th, 600th, 601st, 602nd, 603rd, 604th, 605th, 606th, 607th, 608th, 609th, 610th, 611th, 612th, 613th, 614th, 615th, 616th, 617th, 618th, 619th, 620th, 621st, 622nd, 623rd, 624th, 625th, 626th, 627th, 628th, 629th, 630th, 631st, 632nd, 633rd, 634th, 635th, 636th, 637th, 638th, 639th, 640th, 641st, 642nd, 643rd, 644th, 645th, 646th, 647th, 648th, 649th, 650th, 651st, 652nd, 653rd, 654th, 655th, 656th, 657th, 658th, 659th, 660th, 661st, 662nd, 663rd, 664th, 665th, 666th, 667th, 668th, 669th, 670th, 671st, 672nd, 673rd, 674th, 675th, 676th, 677th, 678th, 679th, 680th, 681st, 682nd, 683rd, 684th, 685th, 686th, 687th, 688th, 689th, 690th, 691st, 692nd, 693rd, 694th

child, to report its birth to the Communications Unit of the Commission on or before the date on which the child is born or, in the case of a child born abroad, to the date of the child's admission to the United States. Any person or persons who fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother. (State whether 1st, 2d, 3d, &c.) VI
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March 23, 1914
 4. Place of Birth, (Street and Number) 514 S. Collington Ave.
 5. Full Name of Mother, Theresa Riefner
 6. Mother's Maiden Name, " Gorn
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Christoph Riefner
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, _____
 Address, _____
 Remarks, _____

Mrs. Leimhofer
2225
0001708

894000.1785

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd May 1894
4. Place of Birth, (Street and Number) Polackville St. No. 122
5. Full Name of Mother, Mrs. Wollenfus
6. Mother's Maiden Name, Schwartz
7. Mother's Birthplace, Germany
8. Full Name of Father, Emil Wollenfus
9. Father's Occupation, Wool Merchant
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Thos. E. G. J. No. 494
- Address, Therese Schwartz Thos. E. G. J. No. 494
- Remarks, 18940001706

Child to report on, or person to whom the fee shall hereafter fall to comply with the provisions of this section shall be liable to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH.

54911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr 23 of March 1894

4. Place of Birth, (Street and Number)

4318 Hillman

5. Full Name of Mother,

Beate Luecke

6. Mother's Maiden Name,

Beate Luecke

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Adolph Luecke

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other person who makes this Return,

Mrs. H. Luecke

Address,

1054 Lafayette St

Remarks,

Infant

1894

18940001707

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

54912

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *March 23, 1904*
- Place of Birth, (Street and Number) *S. Bond St. No. 163*
- Full Name of Mother, *Rose Matuskoolia*
- Mother's Maiden Name, *Medhen*
- Mother's Birthplace, *Poland*
- Full Name of Father, *August Stodolny*
- Father's Occupation, *Poland*
- Father's Birthplace, *Poland*
- Name of Medical Attendant, or other person who makes this Return, *Agnes Stodolny*
- Address, *Thames St. No. 1635*
- Remarks, *S. 1st.*

8940001708

child to report its birth to the Commissioner of Health, and any such parent or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



GIVEN NAME ADDED, 8-25-57

RETURN OF A BIRTH.

4913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 23 1904
4. Place of Birth, (Street and Number) 1426 Gough St.
5. Full Name of Mother, Grady Sher
6. Mother's Maiden Name, Grady Berman
7. Mother's Birthplace, Petersburg Russia
8. Full Name of Father, Edg Sher
9. Father's Occupation, Carpenter
10. Father's Birthplace, Petersburg Russia
- Name of Medical Attendant, or other person who makes this Return, _____
- Address, Yette G. Grynansky, 1022 E
- Remarks, Sumner & Co.

8940001709

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 March
4. Place of Birth, (Street and Number) 1235 E Lexington St
5. Full Name of Mother, Mary McJannet
6. Mother's Maiden Name, Curran
7. Mother's Birthplace, Balto.
8. Full Name of Father, John McJannet
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Ireland
Name of Medical Attendant, or other person who makes this Return, Mrs R Gilling
Address, 1302 E Lexington St
Remarks, 18940001710

GIVEN NAME ADDED 3-15-66

RETURN OF A BIRTH. 54915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Edward Ignatius Gaskins
1. Sex, (state whether 1st, 2d, 3d, &c.) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar. 23, 94
4. Place of Birth, (Street and Number) 142 Green St.
5. Full Name of Mother, Alice Gaskins
6. Mother's Maiden Name, Alice Kiedgen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Gaskins
9. Father's Occupation, Engineer
10. Father's Birthplace, British America
Name of Medical Attendant, or other person who makes this Return, Willa J. Gaskins
Address, 132 W. Green St.
Remarks, Living well

Child to report its birth to the County Clerk of the City of Baltimore, and to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days of its birth, and to pay a fee of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 1-2-1963 54916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Emma Manns 2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

March 23 94

4. Place of Birth, (Street and Number)

3. E. cor Hillen & Forest

5. Full Name of Mother,

Emma Manns

6. Mother's Maiden Name,

Lautenschlager

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John Manns

9. Father's Occupation,

Commission Merchant

10. Father's Birthplace,

Brunswick

Name of Medical Attendant, or other person who makes this Return,

Dr. C. F. Pickel, M. D.

Address,

1312 Ashland Ave

Remarks,

1 8 9 4 0 0 0 1 7 1 2

RETURN OF A BIRTH. 54 917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *March 24*

4. Place of Birth, (Street and Number) *1728 Harford Ave.*

5. Full Name of Mother, *Florence Stewart*

6. Mother's Maiden Name, *Allen*

7. Mother's Birthplace, *Richmond*

8. Full Name of Father, *Frederick William Stewart*

9. Father's Occupation, *Box-fitter*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. M. Kanne, from*

Address, *The Evening Dispensary 614 S. Charles St.*

Remarks.

8 9 4 0 0 0 1 7 1 3

child to report its birth to the Commissioners of Health, in the manner and within the time hereinbefore required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any person who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
Sex, (state whether male or female) Male
Race or Color, (if not of the white race) White
Date of Birth, March 24. 1894
Place of Birth, (Street and Number) 227 Myrtle Ave.
Full Name of Mother, Annie Philomena Knell
Mother's Maiden Name, Saffran
Mother's Birthplace, Baltimore Md.
Full Name of Father, John A. Knell
Father's Occupation, Dealer in coal & wood
Father's Birthplace, Baltimore Md.
Name of Medical Attendant, Susan Hunter or other person who makes this Return.
Address, 2301 Sayre Station St
Remarks, _____

8940001714

RETURN OF A BIRTH. 54919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940001715

child to report its birth to the Registrar of Births, at the manner and conditions of this section shall be subject to the fine of ten dollars for each offence, to be recovered in other cases and forfeitures are recoverable.

RETURN OF A BIRTH. 54920
 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March 24th 94.
 4. Place of Birth, (Street and Number) 1726 Eastern Ave.
 5. Full Name of Mother, Katie Dressel
 6. Mother's Maiden Name, Katie Lendhoff
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, John Dressel
 9. Father's Occupation, Blacksmith
 10. Father's Birthplace, Baltimore Md.
 Name of Medical Attendant, or other person who makes this Return, Mary Engelhart
 Address, 1726 Eastern Ave.
 Remarks,

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
 jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8940001716

attendant upon the birth of a child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 54921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24 Mar

4. Place of Birth, (Street and Number)

134 Woodlawn St

5. Full Name of Mother,

Martie Toller

6. Mother's Maiden Name,

Martie milds

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Toller

9. Father's Occupation,

Nightwatchman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Miss Donley

Address,

1635 Walsh St

Remarks,

Non

1 8 9 4 0 0 0 1 7 1 7

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

54912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1
1. Sex, (state whether male or female)... Male
2. Race or Color, (if not of the white race)... To record
3. Date of Birth... March 24 1894
4. Place of Birth, (Street and Number)... Andrew C. W. E. No. 13 Baithe
5. Full Name of Mother... Minnie Stone
6. Mother's Maiden Name... Minnie Lecker
7. Mother's Birthplace... Md
8. Full Name of Father... Frank Stone
9. Father's Occupation... Laborer
10. Father's Birthplace... Md
- Name of Medical Attendant, or other person who makes this Return... Susan Emily Bailey
- Address... No. 1 Talbot St
- Remarks... Healthy Baltimore City

18940001718

any such person or persons who fail to comply with the provisions of this act shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24th 1894
4. Place of Birth, (Street and Number) 1907 Guilford Ave.
5. Full Name of Mother, Josephine E. Prettyman
6. Mother's Maiden Name, Josephine E. Atkins
7. Mother's Birthplace, Sussex Co. Delaware
8. Full Name of Father, A. B. Prettyman
9. Father's Occupation, Postal Clerk
10. Father's Birthplace, Sussex Co. Delaware
Name of Medical Attendant, or other person who makes this Return, A. G. Station
Address, 1307 N. Central Ave.
Remarks, _____

18940001719

child is reported, or any person who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and the person so liable shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 54924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 24, 1894

4. Place of Birth, (Street and Number)

2450 Burke & Canton Ave

5. Full Name of Mother,

Richard Miller

6. Mother's Maiden Name,

Richard Burger

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Amrose Miller

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mary A. Vertner

Address,

241 S. Chester

Remarks,

18940001720

RETURN OF A BIRTH. 54925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 24th 1887

4. Place of Birth, (Street and Number) 1700 Patapsco St

5. Full Name of Mother, Lizzie Rousher

6. Mother's Maiden Name, Lizzie Weaver

7. Mother's Birthplace, Germany

8. Full Name of Father, John Rousher

9. Father's Occupation, Carpenter

10. ☒ Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. J. C. Davis

Address, 1325 S Charles St

Remarks,

8940001721

RETURN OF A BIRTH. 54936 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *March 24th 1879*
4. Place of Birth, (Street and Number) *No. 306 Ramsey St*
5. Full Name of Mother, *Eliza Ganger*
6. Mother's Maiden Name, *Eliza Kissler*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Richard Ganger*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, _____
- Address, _____
- Remarks, _____

child to report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8940001722

When made upon child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act and its amendments, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 54927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *3/24/94*
4. Place of Birth, (Street and Number) *24 E. Hamburg St.*
5. Full Name of Mother, *Elizabeth J. Gebhardt*
6. Mother's Maiden Name, *" Jones*
7. Mother's Birthplace, *Wales*
8. Full Name of Father, *Maxwell J. Gebhardt*
9. Father's Occupation, *Cigar-maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *E. Henry Ellis M.D.*
- Address, *915 Light St.*
- Remarks,

18940001723

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54938
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Male*
Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 24/94.*
4. Place of Birth, (Street and Number) *S. Bond St. No 528.*
5. Full Name of Mother, *Waleriya Popowalia,*
6. Mother's Maiden Name, *Boj.*
7. Mother's Birthplace, *Poland.*
8. Full Name of Father, *Jan Nowaleski*
9. Father's Occupation, *Poland.*
10. Father's Birthplace, *Poland.*
Name of Medical Attendant, or other person who makes this Return, *Agnes Hodolna,*
Thomas M. McHiss.
Address, *Byrd.*
Remarks, *18440001724*

RETURN OF A BIRTH.

54929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 24/1894

4. Place of Birth, (Street and Number)

1623 Thames St

5. Full Name of Mother,

Kate Jimmy

6. Mother's Maiden Name,

Kate Buckley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Harry Jimmy

9. Father's Occupation,

Shapins

10. Father's Birthplace,

Hamburg Germany

Name of Medical Attendant, or other person who makes this Return

J. S. Baskett Jr. M.D.

Address,

700 S. Broadway

Remarks,

Born 10.30 A.M. -

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54930
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24/98
4. Place of Birth, (Street and Number) 2603 Bruce St.
5. Full Name of Mother, Mrs Lillian Hunter
6. Mother's Maiden Name, Lillian Groves
7. Mother's Birthplace, W. Virginia
8. Full Name of Father, Robert Hunter
9. Father's Occupation, Drachman
10. Father's Birthplace, New York City
- Name of Medical Attendant, or other person who makes this Return, E. Smith M.D.
- Address, 2505 Penna. Ave.
- Remarks,

8 9 4 0 0 0 1 7 2 6

RETURN OF A BIRTH. 54931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race) White
 Date of Birth, March 25. 1894
 Place of Birth, (Street and Number) 27 Armitage St. N.
 Full Name of Mother, Bertha Walters
 Mother's Maiden Name, Bertha Baer
 Mother's Birthplace, Germany
 Full Name of Father, David Walters
 Father's Occupation, Shoe maker
 Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this return, Susan Hunter
 Address, 231 N. Gay Street
 Remarks, 1-18-54

8940001727

RETURN OF A BIRTH. 54932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Attendance given by the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 25/94

4. Place of Birth, (Street and Number)

1325 Summer St

5. Full Name of Mother,

Eva Perkins

6. Mother's Maiden Name,

Eva Smith

7. Mother's Birthplace,

And Perkins

8. Full Name of Father,

John

9. Father's Occupation,

And

10. Father's Birthplace,

James Woodland

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940001728

RETURN OF A BIRTH. 54933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20-11-1894

4. Place of Birth, (Street and Number) 208 O'Donnell St

5. Full Name of Mother, Lissie Banner

6. Mother's Maiden Name, Carpenter

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Peter Banner

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. H. H. H.

Address, 224 Bim... St

Remarks, 8940001729

Child to report its birth, and persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 574934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th March 1890
4. Place of Birth, (Street and Number) No 1162 Beech St
5. Full Name of Mother, Magdalena Yeopel
6. Mother's Maiden Name, " Ulrich
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Fred. Yeopel
9. Father's Occupation, Labor
10. Father's Birthplace, Berlinburg Westphalia Ger.
- Name of Medical Attendant, or other person who makes this Return, Dr. A. H. Bischoff
- Address, No 1136 Cleveland St.
- Remarks,

1 8 9 4 0 0 0 1 7 3 0

child to report its birth to the Commissioner of Health, in the manner provided in this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 March
4. Place of Birth, (Street and Number) Canton Ave 1520
5. Full Name of Mother, Mina Hassaler
6. Mother's Maiden Name, Mina Sommer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Hassaler
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs. Schumann
- Address, 409 South Bond St
- Remarks, 18940001731

RETURN OF A BIRTH. 54936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race) White
 Date of Birth, March 25
 Place of Birth, (Street and Number) 23 E. Pratt St
 Full Name of Mother, Winifred Bush
 Mother's Maiden Name, " Welch
 Mother's Birthplace, City
 Full Name of Father, Wm Bush
 Father's Occupation, Glass Maker
 Father's Birthplace, City
 Name of Medical Attendant, or other person who makes this Return, J. A. Bush M.D.
 Address, 571 Howard St
 Remarks, _____

18940001732

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be an-
 fected to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

any such person or persons who shall hereafter be convicted of any offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 34937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

March 25th 1894

Place of Birth, (Street and Number)

Edgar Ave near Penna Ave

Full Name of Mother,

Mary Rush

Mother's Maiden Name,

Keen

Mother's Birthplace,

Baltimore

Full Name of Father,

Chas Wilmer Rush

Father's Occupation,

Foreman in Brickyard

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Chas E. Sadler

Address,

210 Broad St

Remarks,

8940001733

RETURN OF A BIRTH. 52938
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Second Child
Male

Brother

March 26th

Leslie St 209

John H Green

John H Williams

Baltimore

John H Green

Labov

Baltimore

Consolidated Baltimore

419 Lewis St

Living Well

18940101734

RETURN OF A BIRTH. 54939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: August Wilhelm

Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940001735

RETURN OF A BIRTH. 34940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the commonwealth, and any such persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 25, 1894*
4. Place of Birth, (Street and Number) *720 Canton St.*
5. Full Name of Mother, *F. Louise Bradford*
6. Mother's Maiden Name, *Adams*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Bradford*
9. Father's Occupation, *Dr.*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *William I. Swann*
- Address, *824 Canton St.*
- Remarks, *Child six months and a half.*

18940001736

RETURN OF A BIRTH. 54941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and at the time prescribed in the regulations, or fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

2. Sex, (state whether male or female) male

3. Race or Color, (if not of the white race)

4. Date of Birth, March 25th 94

5. Place of Birth, (Street and Number) 16 S. Monroe St.

6. Full Name of Mother, Annie Mahenky.

7. Mother's Maiden Name, Berfer

8. Mother's Birthplace, B. C.

9. Full Name of Father, August Mahenky

10. Father's Occupation, Tailor

11. Father's Birthplace, Germany

Name of Medical Attendant, Herman F. Hill, M.D.

Address, 1401 W. Fayette St.

Remarks,

18940001737

RETURN OF A BIRTH 54942 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately after birth, in the manner and within the period above required, and any child to report its birth to the Commissioner of Health, or any person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 25, 1894

4. Place of Birth, (Street and Number) 706 N. Carey St.

5. Full Name of Mother, Elizabeth Wheatley

6. Mother's Maiden Name, Elizabeth Howe

7. Mother's Birthplace, Maryland

8. Full Name of Father, Carey Wheatley

9. Father's Occupation, Cyst. Jacker.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, James C. Clark M.D.

Address, 1025 Madison Ave

Remarks,

1 8 9 4 0 0 1 7 3 8

RETURN OF A BIRTH. 54943 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male Gemail

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, 25 of March

4. Place of Birth, (Street and Number) 608 N York St

5. Full Name of Mother, Mary Robert

6. Mother's Maiden Name, Mary Cohlman

7. Mother's Birthplace, Caloline Iowa

8. Full Name of Father, Frank Robert

9. Father's Occupation, Sailor

10. Father's Birthplace, Delmon

Name of Medical Attendant, or other person who makes this Return, May Maker

Address, 11 York St

Remarks, Mary Pratt

18940001739

RETURN OF A BIRTH. 54 944

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 26/94*
4. Place of Birth (Street and Number) *412 Halsome st-*
5. Full Name of Mother *Ellen Victoria Mc Gully*
6. Mother's Maiden Name *Ellen Victoria Knight*
7. Mother's Birthplace *Balto city*
8. Full Name of Father *Geo Warner Mc Gully*
9. Father's Occupation *Car Conductor*
10. Father's Birthplace *Balto city*
- Name of Medical Attendant, or other Person who makes this Return. *G. W. Chapman M.D.*
- Address *407 Sharp st-*
- Remarks

1894000+740

RETURN OF A BIRTH. 54946
Vital Statistics, Board of Health, Baltimore City.

in the manner and within the period above required, and the provisions of this section shall be applicable to all such alterations and additions as are made hereafter.

The Commissioner of Fish to comply with the provisions of this act shall hereafter, to be received as other fines and forfeitures are received by him, to be paid over to the Treasurer of the State.

1. Sex: (state whether male or female) -

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

3. Date of Birth, _____
(Street and Number) _____

3. Date of Birth,
4. Place of Birth, (Street and Number)
Mother,

5. Full Name of Mother,

6. Mother's Maiden Name.

6. Mother's Birthplace, _____
7. Mother's Birthplace, _____

8. Full Name of Father,

9. *Father's Occupation.*

10. Father's Birthplace,

10. Father's Birth
Name of Medical Attendant,

Name of Medical Officer _____
Address _____

Address.

Address,

Remarks,

Remarks,

Remarks, 1894000.1742

RETURN OF A BIRTH. 54947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 26 1894

4. Place of Birth, (Street and Number) 2287 Essex St.

5. Full Name of Mother, Ida Bennett

6. Mother's Maiden Name, Ida Barnes

7. Mother's Birthplace, Pa.

8. Full Name of Father, George Bennett

9. Father's Occupation, Clerk

10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swartz

Address, 824 Canton St.

Remarks,

18940001743

RETURN OF A BIRTH. 54948 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person who neglects to report the birth of a child to the Commissioner of Health, or who neglects to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return,.....

Address,.....

Remarks,.....

18940001744

RETURN OF A BIRTH. 54949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 26th of May 94
 4. Place of Birth, (Street and Number) 22 Carrollton Av.
 5. Full Name of Mother, Dore Arnold
 6. Mother's Maiden Name, Dore. Schwarz
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Henry Arnold
 9. Father's Occupation, Laborer
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Friederike Kessler Midwife
 Address, 2116 W. Pratt St.
 Remarks,

+ 8 9 4 0 0 0 1 7 4 5

any such person or persons who shall hereafter fail to comply with the provisions of this section and be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 1 7 4 6

Care to report the birth of every child, and to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the United States, shall be subject to the same penalties as those provided for in the Act of March 3, 1879, relating to the registration of births and deaths, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subject to the same penalties as those provided for in the Act of March 3, 1879, relating to the registration of births and deaths, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subject to the same penalties as those provided for in the Act of March 3, 1879, relating to the registration of births and deaths.

RETURN OF A BIRTH. 54957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth

March 26, 1894

5. Place of Birth, (Street and Number)

2084 Franklin St.

6. Full Name of Mother

Victoria L. Glenn

7. Mother's Maiden Name

Evans

8. Mother's Birthplace

Micromia Co. Md.

9. Full Name of Father

E. Herbert Glenn

10. Father's Occupation

Policeman

11. Father's Birthplace

Baldwin City Md.

Name of Medical Attendant, or other person who makes this Return.

Richard Mansfield M.D.

Address

129 S Broadway

Remarks

18940001747



RETURN OF A BIRTH. 54953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st 2d 3rd &c.)

1st?

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

March 26. 12³⁰ M. 1894

4. Place of Birth, (Street and Number)

103 7th St

5. Full Name of Mother,

Fannie McCubbin

6. Mother's Maiden Name,

Fannie Jackson

7. Mother's Birthplace,

Eastern Shore

8. Full Name of Father,

Isaac McCubbin

9. Father's Occupation,

Drayman

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return

Emeline Riser

Address,

113 Chestnut St

Remarks,

18940001748

GIVEN NAME ADDED 5-26-59
 RETURN OF A BIRTH. 54953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 Sex, (state whether male or female) Female
 1. Race or Color, (if not of the white race) Marg 26 - 1894
 2. Date of Birth, 20 S. Caroline St.
 3. Place of Birth, (Street and Number) 20 S. Caroline St.
 4. Full Name of Mother, Sophia Kate Bachman
 5. Mother's Maiden Name, Ruhl
 6. Mother's Birthplace, Baltimore
 7. Full Name of Father, John Theodor Bachman
 8. Father's Occupation, Merchant
 9. Father's Birthplace, Detroit Mich.
 10. Name of Medical Attendant, or other person who made this Return, Mary Stein
 Address, 1424 E Pratt St.
 Remarks,

1 2 9 4 0 0 0 1 7 4 9

child to report its birth to the Registrar of Vital Statistics, Baltimore City, within ten days of its birth, and shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, Baltimore City, and to file a copy of this return with the Registrar of Vital Statistics, Baltimore City, within ten days after its birth. If the child is born to a person who is not a resident of Baltimore City, the parent or parents may, at their option, file a copy of this return with the Registrar of Vital Statistics, Baltimore City, within ten days after its birth. If the child is born to a person who is not a resident of Baltimore City, the parent or parents may, at their option, file a copy of this return with the Registrar of Vital Statistics, Baltimore City, within ten days after its birth. If the child is born to a person who is not a resident of Baltimore City, the parent or parents may, at their option, file a copy of this return with the Registrar of Vital Statistics, Baltimore City, within ten days after its birth.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 20th March.
4. Place of Birth, (Street and Number) 618 Constitution St
5. Full Name of Mother, Lizzie Thomson
6. Mother's Maiden Name, Lizzie McCreedy
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Robert Thomson
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other person who makes this Return, Mrs. D. David McDevitt
- Address, 1006 N. High St
- Remarks, _____

18940001750

RETURN OF A BIRTH. 54955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March 26 1894

4. Place of Birth, (Street and Number)

515 Hoffman st

5. Full Name of Mother,

Florence West

6. Mother's Maiden Name,

Florence Maher

7. Mother's Birthplace,

Ansondell County Maryland

8. Full Name of Father,

James West

9. Father's Occupation,

Labor

10. Father's Birthplace,

West Virginia

Name of Medical Attendant,

or other person who makes this Return,

Mary Ann Mason

Address,

537 W. Belmont St

Remarks,

Baltimore

18940001751

attendance upon the mother, immediately after the birth of the child, or within the period above required, and child to report the birth of the child to the Registrar of Vital Statistics, Baltimore City, within the period above required, and any person who shall fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, March 26th 94

4. Place of Birth, (Street and Number) 1342 E. Henry St.

5. Full Name of Mother, Catherine Baldwin

6. Mother's Maiden Name, " O'Donnell

7. Mother's Birthplace, Ind

8. Full Name of Father, Annara Baldwin

9. Father's Occupation, Bookman

10. Father's Birthplace, B. Co. Ind

Name of Medical Attendant, or other person who makes this Return, Annara Baldwin

Address, 1401 W. Fayette St

Remarks, 18940001752

child to report its birth to the Commissioner of Health, in the manner and within the time herein prescribed, and who shall be liable to a fine of ten dollars for each failure, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 26, 1894.*
4. Place of Birth, (Street and Number) *7 Hooper av.*
5. Full Name of Mother, *Rosa Lee Donaldson.*
6. Mother's Maiden Name, *Gladfelter.*
7. Mother's Birthplace, *Ind.*
8. Full Name of Father, *Elbridge Brink Donaldson.*
9. Father's Occupation, *Merchant.*
10. Father's Birthplace, *Ind.*
- Name of Medical Attendant, *Chas. H. Mitchell M.D.*
- Address, *291 Chestnut av.*
- Remarks, *18940001753*

child to report its birth to the Commissioner of Health, at the manner and within the period above required, and any such person who fails to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) Colored
- Date of Birth, March 27th 94
- Place of Birth, (Street and Number) 304 South Caroline St.
- Full Name of Mother, Mary Ann Testerman
- Mother's Maiden Name, Mary Ann Luzzman
- Mother's Birthplace, Baltimore, Md.
- Full Name of Father, Peter C. Testerman
- Father's Occupation, Painter
- Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, or other person who makes this Return, Mary Engelbrecht
- Address, 1712 Eastern Ave.
- Remarks,

18940001754

RETURN OF A BIRTH. 54959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall herein be required to report the birth of a child, and who shall fail to do so, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 8rd.
 1. Sex, (state whether male or female)..... Female.
 2. Race or Color, (if not of the white race)..... Colored.
 3. Date of Birth,..... Mar. 20th 1894.
 4. Place of Birth, (Street and Number)..... #119 Carlton St.
 5. Full Name of Mother,..... Matilda Johnson
 6. Mother's Maiden Name,..... Matilda Brown.
 7. Mother's Birthplace,..... Baltimore Md.
 8. Full Name of Father,..... Herman Johnson.
 9. Father's Occupation,..... Waiter.
 10. Father's Birthplace,..... Baltimore Md.
 Name of Medical Attendant, or other person who makes this Return,..... Ann Bernish.
 Address,..... 871 Boyd St.
 Remarks,.....

18940001755

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the mother shall become the duty of the person or persons attending to her, in the manner and within the time specified in this section, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-11-89
RETURN OF A BIRTH. 54960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dorothy Witte

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, *March 27, 1894*
4. Place of Birth, (Street and Number) *29 W. West St*
5. Full Name of Mother, *Annie Marguerette Witte*
6. Mother's Maiden Name, *Annie Gapp*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Fred Casper Witte*
9. Father's Occupation, *Cigar Maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Katie Minnick*
- Address, *800 Sodenball St*
- Remarks,

18940001756

RETURN OF A BIRTH.

54961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 27th 1894

4. Place of Birth, (Street and Number)

545 Quarry Ave

5. Full Name of Mother,

Catherine Sprockel Meyer

6. Mother's Maiden Name,

Mc Coust

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

Geo Sprockel Meyer

9. Father's Occupation,

Carpenter

Father's Birthplace,

Balto Md

Name of Medical Attendant, or other person who makes this Return,

W E King

Address,

North

Remarks,

645 Highland Ave Baltimore Md

1894 40001757

child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section shall be subject to the fine of ten (\$10) dollars for each offense; and any such person or persons who shall hereafter be found guilty with the provisions of this section shall be recoverable.

CERTIFICATE COMPLETED 2-25-58
 RETURN OF A BIRTH. 54962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louise Elizabeth Bytterworth

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March 27th 1894
 4. Place of Birth, (Street and Number) 117 Parkin St
 5. Full Name of Mother, Helen Bytterworth
 6. Mother's Maiden Name, Helen Phillips
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, John Bytterworth, George W.
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, Baltimore Md
 - Name of Medical Attendant, or other person who makes this Return, Mrs. Harrison
 - Address, 206 E. Schroeder St
 - Remarks, 18940001758

Attention: upon the mother, immediately thereafter, it shall become the duty of the person or persons of and child to report its birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above provided, and the person or persons who shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

child to report its birth to the Commissioner of Health, in the manner and form provided in this section, shall be subject to a fine of ten dollars for each child, to be recovered as other fines and forfeitures are recoverable.

A.

RETURN OF A BIRTH. 54963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *This is the 3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 27th 1894*
4. Place of Birth, (Street and Number) *126 W. Cross St.*
5. Full Name of Mother, *Folk Garrison*
6. Mother's Maiden Name, *Folk*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Thomas Garrison*
9. Father's Occupation, *Black Smith*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this Return.
- Address,
- Remarks, *Mrs. Maggie A. Wilson*
- 18940001759

RETURN OF A BIRTH. 54964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 27th 1894*
4. Place of Birth, (Street and Number) *2225 Canton Ave. Balto.*
5. Full Name of Mother, *E. Elizabeth Brangell*
6. Mother's Maiden Name, *E. Elizabeth Backenberger*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James W. Brangell*
9. Father's Occupation, *Car Maker*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Mary M. Taylor*
- Address, *#613 S. Patterson Plk. Ave.*
- Remarks,

18940001760

RETURN OF A BIRTH. 54965- To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

all entries on this form shall be made in the manner and within the period above required, and any person who shall fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable by the State.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) Colored
- Date of Birth, March 27 1894
- Place of Birth, (Street and Number) 1010 W. Hamburger
- Full Name of Mother, Mary L. Spence
- Mother's Maiden Name, Mary L. Collins
- Mother's Birthplace, Baltimore Md
- Full Name of Father, Charles L. Spence
- Father's Occupation, Brick Yard
- Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this Return, William Gross
- Address, 17 W.anner St
- Remarks,

18940001761

RETURN OF A BIRTH.

54966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendant upon the mother, immediately thereafter, shall become the duty of the person or persons of such attendance to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall neglect to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27th March
4. Place of Birth, (Street and Number) 929 Bevan St
5. Full Name of Mother, Fredericke Pfeiffer
6. Mother's Maiden Name, Fredericke Zurbuehl
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Louis Martin Pfeiffer
9. Father's Occupation, Cigar-maker
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, Dr. J. C. Dulaney
- Address, 800 Lexington St
- Remarks, _____

18940001762

attendance upon the mother, immediately before, during, and within the period above required, and
child to report to the Commissioner of Health, in the manner and within the period above required, and
subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940001763

RETURN OF A BIRTH. 54968
 GIVEN NAME ADDED, 5/4/61
 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: JOHN HENRY TRAUT Ca
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) 27
 3. Date of Birth, March 1894
 4. Place of Birth, (Street and Number) 414 Bowers St
 5. Full Name of Mother, Luisa Traut
 6. Mother's Maiden Name, Wittgraf
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Conrad Traut
 9. Father's Occupation, Blacksmith
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell
 Address, 436 E. Pratt Ave
 Remarks, _____

1 8 9 4 0 0 0 1 7 6 4

attendance upon the mother, immediately hereafter it shall become the duty of the person attending the mother to report the birth of the child to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 27 1894

4. Place of Birth, (Street and Number) 206 N. 12th St.

5. Full Name of Mother, Johannah Richard

6. Mother's Maiden Name, Johannah Richard

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Crispin Richard

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Kelly

Address, 1922 Wilkes Ave

Remarks,

18940301766

City Printer and Stationers

RETURN OF A BIRTH. 54987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 28/94

4. Place of Birth, (Street and Number) 3143 W. Lexington St.

5. Full Name of Mother, Maggie Hahn

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Md

8. Full Name of Father, Edward S Hahn

9. Father's Occupation, Car Conductor

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, M H Carter M.D.

Address, 1800 W. Baltimore St.

Remarks,

18940001767

RETURN OF A BIRTH 5498

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

1. (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 28/94

4. Place of Birth, (Street and Number)

101 N. Lombard

5. Full Name of Mother,

Rachel Frank.

6. Mother's Maiden Name,

Rachel Friedman

7. Mother's Birthplace,

N.Y.

8. Full Name of Father,

Isaac Frank.

9. Father's Occupation,

Polish Sailor.

10. Father's Birthplace,

Poland

Name of Medical Attendant, or other Person who makes this Return

Alfred W. Litchfield M.D.

Address,

6-S. Calver St.

Remarks,

Premature Birth - 2 months before parturition

5498

RETURN OF A BIRTH. 54984
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 28, 1894

4. Place of Birth, (Street and Number) 936 Boyd St. Baltimore

5. Full Name of Mother, Bridget Morris

6. Mother's Maiden Name, Bridget Lavin

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Morris

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Hager

Address, 424 Skellins St.

Remarks, Baltimore Md.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....10

1. Sex, (state whether male or female) *28 March*
2. Race or Color, (if not of the white race) *100 N. Cross St*
3. Date of Birth, *Maggie Bartels*
4. Place of Birth, (Street and Number) *Mayer*
5. Full Name of Mother, *Germany*
6. Mother's Maiden Name, *Carl Bartels*
7. Mother's Birthplace, *Saloon Kepton*
8. Full Name of Father, *Germany*
9. Father's Occupation, *Katie M. M. M.*
10. Father's Birthplace, *800 Leaden Hall St*
Name of Medical Attendant, or other person who makes this Return, _____
Address, _____
Remarks, _____

[illegible]

8 9 4 0 0 0 1 7 7 0

register of such birth, and shall enter the same on blank forms, and shall keep a true and correct copy of the same, and shall, on demand, produce the same to the Registrar of the Board of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of its residence in the city of Baltimore, and shall also contain a certificate between the first and third day of each and every month, signed by the Registrar, or by any other person authorized by him, that no child has been born in the city of Baltimore during the month, and that no other person has attended upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of the Board of Health, in the manner and within the period above required, and shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12

1. Sex, (state whether ~~male~~ or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940001771

RETURN OF A BIRTH. 54992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *March 29-94*

4. Place of Birth, (Street and Number) *2228 E. Fayette*

5. Full Name of Mother, *Ida E. Lutz*

6. Mother's Maiden Name, *" " Rigger*

7. Mother's Birthplace, *Balti*

8. Full Name of Father, *Joseph Lutz*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs Mary A. Utzsell*

Address, *1438 N. Bond St*

Remarks,

18940001772

RETURN OF A BIRTH. 34993
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Child of Mother

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 29th 1894*
4. Place of Birth, (Street and Number) *1844 Pennsylvania Ave*
5. Full Name of Mother, *Myra Schultz*
6. Mother's Maiden Name, *Anna Miller*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Adolphus Schultz*
9. Father's Occupation, *Captisan mar*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this return, *Wm. Maxine Esq*
- Address, *206 H. Schneider St.*
- Remarks, *V*

1. *Sex*, (state whether male or female)

2. Race or Color, (if not of the white race).

3. Date of Birth *Jan 2* (white race)

4. *Place of Birth* (Street)

5. Full Name of Mother _____

5. Mother's Maiden Name

Mother's Birthplace 1891

Full Name of Father

Father's Occupation

Father's Birthplace

Name of Medical Attendant _____

Address _____

Remarks

8 9 4 0 0 0 1 7 7 3

register of such birth, and shall enter the name on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of all births which have occurred under his or her jurisdiction, and shall be set forth as far as the same can be ascertained, the name of each child, (if any, shall have been conferred) the date of birth, the sex, the race or color, the place of birth, and the date of the third day of each and every month in which the child was born, and the name of the person or persons who attended without the attendance of a physician or the Commissioner of Health. In case the first and second child of a woman is born within the same month, the person or persons attending the birth of such child to report in birth, and the person or persons attending the birth of such child to report in birth, shall comply with the provisions of this section, and shall be liable to the same penalties as are provided for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th dth

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, March 29 / 6 o'clock evening /
4. Place of Birth, (Street and Number) 1002 Hanover St.
5. Full Name of Mother, Hester Seaneille, Maria Spear.
6. Mother's Maiden Name, Seaneille
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Washington Spear.
9. Father's Occupation, Freight Broker.
10. Father's Birthplace, Washington.

Name of Medical Attendant, or other person who makes this Return, Mr. M. F. Spear.

Address, 414 E. Baltimore St.

Remarks, _____

8940001774

CERTIFICATE CORRECTED 6-8-60
RETURN OF A BIRTH. 54996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louis Theodore Reguard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *March 29 1896*
 4. Place of Birth, (Street and Number) *Harford road, near Hillen road*
 5. Full Name of Mother, *Elizabeth Reguard*
 6. Mother's Maiden Name, *Elizabeth Herman*
 7. Mother's Birthplace, *Maryland*
 8. Full Name of Father, *Julius Reguard*
 9. Father's Occupation, *Cigar Manufacturer*
 10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, (or other person who makes this Return) *Aug. A. Otwell M.D.*
1841 Harford Ave
- Address, _____
- Remarks, _____

8940001776

Registrar of Births and Deaths, Baltimore City, shall enter the name of each child, its sex, color, date of birth, and the name of its mother, and shall set forth as far as the same can be ascertained, the full name and occupation of the father, and the name of the physician or practitioner of medicine, or dentist, or other person, who attended the mother, immediately thereafter, in the manner and within the period above required, and shall report its birth to the Commission of Health, in the manner and within the period above required, and shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 54997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank leaf, to be placed under his or her care during the month. This schedule shall be as far as the same can be, the full name of the parent, the date of birth, and the sex, color, and the full name of the physician, or midwife, or other person who shall be in attendance upon the mother, immediately after the birth, in the manner provided for in the provisions of this section. Any such schedule shall be delivered to the office of the Registrar of Vital Statistics, on or before the third day of each month, and the attendance of a physician, or midwife, or other person, shall become the duty of the mother, immediately after the birth, in the manner provided for in the provisions of this section. Any such schedule shall be delivered to the office of the Registrar of Vital Statistics, on or before the third day of each month, and the attendance of a physician, or midwife, or other person, shall become the duty of the mother, immediately after the birth, in the manner provided for in the provisions of this section. Any such schedule shall be delivered to the office of the Registrar of Vital Statistics, on or before the third day of each month, and the attendance of a physician, or midwife, or other person, shall become the duty of the mother, immediately after the birth, in the manner provided for in the provisions of this section.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth*

1. Sex, (State whether male or female) *female*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *March 10 1893*

4. Place of Birth, (Street and Number) *Baker St. Baltimore 581*

5. Full Name of Mother, *Annice Rebecca Burton*

6. Mother's Maiden Name, *Annice Rebecca Burton*

7. Mother's Birthplace, *Baltimore County*

8. Full Name of Father, *Clifford Burton*

9. Father's Occupation, *horse shuer*

10. Father's Birthplace, *Baltimore County*

Name of Medical Attendant, or other person who makes this Return. *Mrs Elizabeth Ginneman*

Address, *Hammond*

Remarks, *8940001777*

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the first and third day of each and every month of its residence, the name of the practitioner of health, and the name of the attendant upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 54998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *- 8 - children*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *29 March Thursdg Eve 11:30 o'clock*
4. Place of Birth, (Street and Number) *810 Mc Donough St -*
5. Full Name of Mother, *Tilly Wilson*
6. Mother's Maiden Name, *Webb*
7. Mother's Birthplace, *MD*
8. Full Name of Father, *Frank Wilson*
9. Father's Occupation, *labour*
10. Father's Birthplace, *MD*
- Name of Medical Attendant, or other person who makes this Return, *Josephine Cooper*
- Address, *513 Shuter Street*
- Remarks, *Maryland*

+ 8 9 4 0 0 0 1 7 7 8

This schedule shall contain a list of the births which have occurred under the care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the person or persons who shall be present at the birth shall be required to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 54999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

March 29th 1894

4. Place of Birth (Street and Number),

1110 Homewood Ave

5. Full Name of Mother,

Annie Foley

6. Mother's Maiden Name,

Rutz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John F. Foley

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

D. J. Brooke Doyle

Address,

1001 N. Calvert

Remarks,

8940001779

RETURN OF A BIRTH. 53001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29th of May 94

4. Place of Birth, (Street and Number) 421 Schmallenbach St

5. Full Name of Mother, Augusta Gubizyski

6. Mother's Maiden Name, Augusta Knabe

7. Mother's Birthplace, Germany

8. Full Name of Father, John Gubizyski

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Pol.

Name of Medical Attendant, or other person who makes this Return, Friederike Zenker Midwife

Address, 2116 W. Pratt St.

Remarks, _____

8940001781

This schedule shall contain a list of the births which have occurred under its act since the last preceding schedule was filed, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration, and shall be delivered, duly signed by the practitioner in the third day of the month following the birth, in case the birth of any child shall occur on the first day of the month, to the Registrar of Vital Statistics, or to a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this act, and any such person or persons who fail to do so shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child; the date, month, and place of birth; and the sex, race, color, the full name and occupation of the mother, and in the form of a certificate between the first and second births, the date, month, and place of birth of the child, and the name and occupation of the mother. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the mother, immediately thereafter, shall become and within the period above required, and subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return

Address

Remarks

8940001782

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 53883

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd.
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Mar 30
4. Place of Birth, (Street and Number) 606 Luzerne
5. Full Name of Mother, Amy A Glover
6. Mother's Maiden Name, Hall
7. Mother's Birthplace, Balto
8. Full Name of Father, Marion Glover
9. Father's Occupation, machinist
10. Father's Birthplace, Balto
Name of Medical Attendant, or other Person who makes this Return, A. S. Warner M.D.
Address, 1120 Highland av
Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this return

Address 427 E. Pratt St

Remarks,

8 7 4 0 0 0 1 7 8 5

Child No 4
Female
White

Born April 30th
1763 Belair Ave

Mary Hoark

Mary Irons

Born Baltimore

Joe Hoark

Vetnerian

Bohemian

Mrs Brauns

5506
8940001786

55808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth. (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks.

8 9 4 0 0 0 1 7 8 8

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the facts can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and address of the parents, the date and place of birth; and the day of the month in which the child was born. It shall be delivered, duly signed by the practitioner in the third day of the month following the birth of the child, to the office of the Commissioner of Health, in the City of Baltimore, or to the nearest place of attendance upon the mother, immediately after the birth of the child, or should no other person be present, the practitioner shall report its birth to the Commissioner of Health, in the third day of the month following the birth of the child to report its birth to the Commissioner of Health, in the third day of the month following the birth of the child. Any person who shall hereafter fail to comply with the provisions of this act, or who shall be convicted of any offense under the provisions of this act, shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: William Mc Kinley Garner 550111
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) Garner
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 30th of March 1894
4. Place of Birth, (Street and Number) No. 1003 E. 4th St.
5. Full Name of Mother, Carrie Garner
6. Mother's Maiden Name, Carrie Feltus
7. Mother's Birthplace, Lebanon
8. Full Name of Father, Marion Garner
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Wm. L. Rauer
Address, No. 1059 Maryland St.
Remarks, B. L. M.

18940001790

RETURN OF A BIRTH. 55011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... *Female*

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 30 of March

4. Place of Birth, (Street and Number) 940 de Kewar St

5. Full Name of Mother, Estella Johnson

6. Mother's Maiden Name, Estella Chase

7. Mother's Birthplace, Baltimore County

Full Name of Father, James Johnson

8. Father's Occupation Cooking

Name of Medical Attendant, or other person *Baltimore*

Name of Medical Attendant, or other person who makes this Return, Lucy Cornish

Address, 235 Camels Alley

Remarks, _____

8 9 4 0 0 0 1 7 9 1

month, and child set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of its birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended upon by a medical attendant, he or she shall immediately thereupon, in the manner and within the period above prescribed, report its birth to the Commissioner of Health. In the manner and within the period above prescribed, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 30 1894

4. Place of Birth, (Street and Number) 2215 Division St

5. Full Name of Mother, Mrs. Osabella Hall

6. Mother's Maiden Name, Osabella Barbery

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Mr. John Henry Hall

9. Father's Occupation, Driver for Deet Live

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who made this Return, Dr. E. Miller Mrs.

Address, 2239 Pennsylvania Ave

Remarks, _____

8 9 4 0 0 1 7 9 4

been conferred) its sex, color, the full name and occupation of its parents, the name of each child, (if any shall have been born to the mother) the date and place of birth; and the date and place of death, if the child shall die within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall be reported to the office of the Commissioner of Health by a physician or practitioner of midwifery, or should no other persons be in attendance upon the mother, in addition to the report of the birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of not less than ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *30th March*
4. Place of Birth, (Street and Number) *1112 Cleveland St.*
5. Full Name of Mother, *Maria Durr*
6. Mother's Maiden Name, *" Scholz*
7. Mother's Birthplace, *Prison Schlesien. Ger.*
8. Full Name of Father, *Wilhelm Durr*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Hockach Württemberg. Ger.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs A. M. Bischoff*
- Address, *1136 Cleveland St.*
- Remarks,

8 9 4 0 0 0 1 7 9 5

RETURN OF A BIRTH. 55817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30th 94.
4. Place of Birth, (Street and Number) 407 Druid Hill av.
5. Full Name of Mother, Freda Förster
6. Mother's Maiden Name, Freda Heidmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph F. Förster
9. Father's Occupation, Timberman worker
10. Father's Birthplace, Belgium
- Name of Medical Attendant, or other person who makes this Return, Henry C. O'Neil, M.D.
- Address, 1203 N. Fayette St.
- Remarks, _____

8940001797

been conferred its sex, color, the full name of each child, (if any shall have said schedule will be delivered, duly signed by the physician or practitioner of the occupation of its parents, the date and place of birth; and the third day of each month to the office of the Registrar of Vital Statistics, or should no other person be named, the person or persons of any child shall appear upon the mother, in the manner and within the provisions of this act, and any person who shall thereafter fail to comply with the provisions of this act, shall be liable to the fine of ten (10) dollars for each offense, to be recovered in other lines and forfeitures are recoverable.

RETURN OF A BIRTH. 53718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20 - 1894
4. Place of Birth, (Street and Number) 714 W. German St.
5. Full Name of Mother, Isabella Barnett
6. Mother's Maiden Name, Sigle
7. Mother's Birthplace, Russia
8. Full Name of Father, John Barnett
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, Thos. M. M. M.
- Address, 914 N. Charles St.
- Remarks, _____

8940001798

month, and shall set forth, as far as the name can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full names of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the parent or parents of such child shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2nd, 3rd, 4th~~)

1. Sex, (~~state whether male or female~~)
2. Race or Color, (~~if not of the white race~~)
3. Date of Birth, March 31st 10 45 PM 1894
4. Place of Birth, (Street and Number) 820 N Gay St
5. Full Name of Mother, Elizabeth Schmidt
6. Mother's Maiden Name, Rumpp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Schmidt
9. Father's Occupation, Sailor
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Alfred Thayer M.D.
- Address, 25 W Pratt St
- Remarks,

8940001801

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar
John F. Furst
No. of Child of Mother, (state wh

John H. Carter
Son of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth*,--

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*-

7. *Mother's Birthplace,*-

8. Full Name of Father,

9. *Father's occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

1 8 9 4 0 0 0 1 8 0 2

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, during the said calendar month, and the date and place of birth, and the name of the person or persons who shall hereafter be required to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53023 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 31st 1894

4. Place of Birth, (Street and Number) 222 N. Broadway St

5. Full Name of Mother, X X

6. Mother's Maiden Name, Ellen H. H. H.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, William H. H.

9. Father's Occupation, Teacher

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Dr. H. H. H.

Address, 206 N. Schaefer St

Remarks,

18940001803

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*—

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

RETURN OF A BIRTH. 53826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 31, 1874.

4. Place of Birth. (Street and Number) 273 Chestnut st.

5. Full Name of Mother, Margaret Elley Wallace

6. Mother's Maiden Name, Sevall.

7. Mother's Birthplace, va

8. Full Name of Father, Wilbert Randolph Wallome

4. Father's Occupation Mill operative.

10. Father's Birthplace, Missouri

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut av.

Remarks,

8 9 4 0 0 0 1 8 0 6

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the law can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the mother, the date and place of birth; and the date of each and every month to the office of the Commissioner of Health. In case the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately upon the birth of the child to report its birth to the Commissioner of Health, in the manner and to the effect above required, and to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth (4) Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 1st 1899

4. Place of Birth, (Street and Number)

1815 Durham St

5. Full Name of Mother,

Annie L. Vernon

6. Mother's Maiden Name,

Annie L. Archer

7. Mother's Birthplace,

Baltimore Maryland

8. Full Name of Father,

J. R. Vernon

9. Father's Occupation

Miller

10. Father's Birthplace,

Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return.

Address,

1336 W. Broadway C. Faust MD

Remarks,

Baltimore

1899-5000-1809

RETURN OF A BIRTH. 53030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 12 1894

4. Place of Birth, (Street and Number) 620 Gold St

5. Full Name of Mother, Julia Perry

6. Mother's Maiden Name, Jane

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas Perry

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas E. Adair

Address, 200 Broad St

Remarks, _____

8940001810

RETURN OF A BIRTH. 55733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3 *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant.

or other person who makes this Return.

Address.

Remarks,

8940001812

month, and shall act forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of each month, to the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall be subject to the inspection of the Registrar, who may require the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereunder, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any failure to do so shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, March 1 - 1894
4. Place of Birth, (Street and Number) 230 S. Dallas St.
5. Full Name of Mother, Caroline Weber
6. Mother's Maiden Name, Zink
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, August Weber
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who attended this birth, Mary Stein
Address, 1427 E Pratt St.
Remarks, _____

18940001814

RETURN OF A BIRTH. 557337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
Female

1. Sex, (state whether ~~male~~ female).

2. Race or Color, (if not of the white race)-

3. Date of Birth,

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 1 8 1 5

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred its sex, color, the name and occupation of its father, the name and occupation of its mother, the date and place of birth, the name of the practitioner of the healing art, in case of a child born in a hospital, the name of the physician or practitioner of the healing art, in case of a child born in a private residence, the name of the person or persons on whom the child was born, the name of the person or persons who shall hereafter fall under the provisions of the law relating to the recovery of the child, and the name of the person or persons who shall hereafter fall under the provisions of the law relating to the recovery of the child.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

55037

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940001817

been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, and shall be submitted to the office of the Commissioner of Health, by the third day of April next following the birth of any child, and the practitioner or physician, or should no other person be in attendance upon the mother, immediately after the birth of any child, shall become the duty of the person or persons of and a child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1st 1894
4. Place of Birth, (Street and Number) St. Vincent's Infirmary
5. Full Name of Mother, Dora Harris
6. Mother's Maiden Name, M. A.
7. Mother's Birthplace, Not known
8. Full Name of Father, "
9. Father's Occupation, "
10. Father's Birthplace, "
Name of Medical Attendant, or other person who makes this Return, A. L. Raisin, M.D.
Address, 602 Leroy St.
Remarks, "

18940001818

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date said to be delivered, signed by the practitioner in the form of a certificate between the first and third day of the month of the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the parent or of such attendance upon the mother immediately thereafter it shall become the duty of the parent or of such attendance to report its birth to the Commissioner of Health. In the manner and within the period above provided for, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, to be covered as other fines and forfeits are recoverable.

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 3-6-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rachel Hena Coplan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 1 8 1 9

been conferred, the sex, color, the full name and the date of birth, and the place of birth, and the name of the physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, or of the mother, or of the father, or of any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - *Frances Albina Soukup*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1. Mars 1894

4. Place of Birth, (Street and Number)

1713 Carlisle Place

5. Full Name of Mother,

Franki Loukup

6. Mother's Maiden Name,

Franki Tesarek

7. Mother's Birthplace,

Bahimen

8. Full Name of Father,

Frank Loukup

9. Father's Occupation

Tailor

10. Father's Birthplace,

Bahimen

Name of Medical Attendant, or other person who makes this Return,

Oloisiz Tratoro

Address,

1010 Durham St

Remarks,

18940001820

It is the duty of the Registrar to cause the full name and occupation of its parents, the date and place of birth, and the date of its registration to be entered in the Register of Births. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed and subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Race

3. Date of Birth, March 1st 1894

4. Place of Birth, (Street and Number) 1106 E. Lombard St

5. Full Name of Mother, Sarah Herishman

6. Mother's Maiden Name, Sarah B. Light

7. Mother's Birthplace, Russia

8. Full Name of Father, David Herishman

9. Father's Occupation, Printer

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Feldman

Address, 1613 E. Lombard St.

Remarks,

18940001822

RETURN OF A BIRTH. 55843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female), Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 March 77

4. Place of Birth, (Street and Number) 3-23 1st JY

5. Full Name of Mother, Anna Tschernan

6. *Mother's Maiden Name,* Free

7. *Mother's Birthplace.* Kenilworth

8. Full Name of Father, Harvey Joseph

9. Father's Occupation None None

10. *Father's Birthplace*, _____

Name of Medical Attendant, or other person who makes this Return, C. J. K. [Signature]

Address, 220 Plymouth St

Remarks.

[illegible]

RETURN OF A BIRTH. 55044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

Second

1. Sex, (state whether male or female).

Male

2. Race or Color. (if not of the white race).

White

3. *Date of Birth.*

March 5th 1887

4. *Place of Birth, (Street and Number).*

115 W. Lombard St

5. Full Name of Mother,

Carpatola Brown

6. *Mother's Maiden Name,*



7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

C. S. Neen

Address.

115' W Lumbard H

Remarks.

8940001824

SECTION 7.—And he it further enacted, That every person practicing midwifery in the City of Baltimore under whose charge or supervision a child shall be delivered, shall keep a true and correct register of such birth, and shall enter the same on blank certificates of the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her supervision in each month, and shall set forth as far as the name can be ascertained, the full name of each child, (if any shall have been conferred) in sex, color, the full name and occupation of its parents, the date and place of birth; and the date of its birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day without the attendance of a physician, and the certificate of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, it shall become the duty of the person present at such attendance upon the mother, immediately thereafter, to sign the certificate, and to report the same to the Commissioner of Health, in the manner and within the period above required, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, of any person or persons who shall hereafter fall to comply with the provisions of this section, shall be fined not less than the sum of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. *Race or Color, (if not of the white race).*3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*6. *Mother's Maiden Name.*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant

or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 1 8 2 7

Wm. : C. Dulany Co., City Printers and Stationers.

Remarks.

Wm. ; C. Dulany Co., City Printers and Stationers.

been committred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third child to be born to the mother, and shall be retained by the practitioner until the birth of the third child shall occur without the attendance of a physician or practitioner of medicine, and the practitioner shall be liable to the fine of ten dollars for each offence, to be recovered in other fine and forfeitures are recoverable.

RETURN OF A BIRTH. 53748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether ~~male~~ or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 2. March

4. Place of Birth, (Street and Number) Bare St. 628.

5. Full Name of Mother, Louise Von Lossberg.

6. Mother's Maiden Name, Louise Berg

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Oscar Von Lossberg

9. Father's Occupation, Piano Player

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie Minich

Address, 800 Leadenhall St

Remarks, _____

8940001828

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CERTIFICATE AMENDED

NAME: Eleanor Gladys BARRON
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (~~state whether male or female~~).

2. *Race or Color, (if not of the white race)-*

3. *Male of Birth.*

4. *Place of Birth, (Street and Number)-*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 1 8 2 9

month, and shall act forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the clerk of the Board of Health, and shall be filed in the office of the clerk, who shall occur within the month and day of the birth of any child, and shall be subject to the inspection or production of the same by the Board of Health, and the practitioner shall be liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, March 2, 1893 _____
4. Place of Birth, (Street and Number) 1407 Columbia Ave. _____
5. Full Name of Mother, Laura Fraiser Arnold. _____
6. Mother's Maiden Name, Halbert. _____
7. Mother's Birthplace, Larrel Prince George County - Md. _____
8. Full Name of Father, John Henry Arnold. _____
9. Father's Occupation, Laborer. _____
10. Father's Birthplace, Baltimore Md. _____
- Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kame, from _____
- Address, The Evening Dispensary 214 S. Charles Street. _____
- Remarks, _____

18940001830

and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second lines of the said schedule, to the Registrar of Vital Statistics, who shall retain the same, and shall not be removed from his office without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and if such person or persons fail to do so, they shall be liable to a fine of ten dollars for each child so neglected to the full extent of the fine of ten dollars for each offence, to be recovered as other fines and forfeitures, are recoverable.

RETURN OF A BIRTH. 55053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Female

1. Sex, (state whether male or female)

Black

2. Race or Color, (if not of the white race)

3. Date of Birth

March 2

4. Place of Birth, (Street and Number)

115 W. Lombard St

5. Full Name of Mother

Nellie Fletcher

6. Mother's Maiden Name

7. Mother's Birthplace

Prussia

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return

C. S. New

Address

115 W. Lombard St

Remarks

1 8 9 4 0 0 0 1 8 3 2

RETURN OF A BIRTH.

53054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White,*

3. Date of Birth, *March 3d.*

4. Place of Birth, (Street and Number) *No 428 S. Gilman St.,*

5. Full Name of Mother, *Ella Harps,*

6. Mother's Maiden Name, *Swings,*

7. Mother's Birthplace, *Balt. Co.,*

8. Full Name of Father, *Marion Harps,*

9. Father's Occupation, *Laborer,*

10. Father's Birthplace, *Balt. Co.,*

Name of Medical Attendant, or other person who makes this Return, *John H. Henderson*

Address, *No. 724 Columbia Ave.*

Remarks,

8940001834

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the same race as the mother) _____
3. Date of Birth, _____

4. Place of Birth, (Street and Number)-
Kali's Padma Chaudhary

5. Full Name of Mother, Nellie J. Jones

6. Mother's Maiden Name, Balto

7. Mother's Birthplace, Beth
Henry Lincoln Lunt

8. Full Name of Father, Henry C. Painter

8. Full Name of Father: Painter
9. Father's Occupation: Ret. Mr.

9. Father's Occupation, Barber

10. Father's Birthplace, Barre, Vt.

Name of Medical Attendant. or other person who makes this Return.

Address.

Remarks,

1 8 9 4 0 0 0 1 8 3 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth.* (*Street and Number*)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940001836

been conferred, its sex, color, the full name and occupation of the person in the form of a certificate between the first and third day of such month as the Commission of Health. In case the person or persons can be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons shall hereafter fail to comply with the provisions of this act, they shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *7 day of March*
4. Place of Birth, (Street and Number) *Laurel, Baltimore and Gay.*
5. Full Name of Mother, *Miss Maggie Rafter.*
6. Mother's Maiden Name, *" " Macdonald.*
7. Mother's Birthplace, *Baltimore City.*
8. Full Name of Father, *Henry Frederick Rafter.*
9. Father's Occupation, *Carpenter.*
10. Father's Birthplace, *Old County, Massachusetts.*
Name of Medical Attendant, *Albion Ladora*
Address, *1012 Durham st.*
Remarks, *18940001837*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940001838

RETURN OF A BIRTH.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, *or other person who*
has this Return

Name of Member *E. Pratt*
Address *1427 E. Pratt St.*

Address,
Remarks,

8940001839

been conferred) in the case of the name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health, and the said schedule shall be delivered to the physician or practitioner of midwifery, or should no other person be available, to the person or persons who shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and the said person or persons shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 3^d 1894

4. Place of Birth, (Street and Number) 2141 Division St

5. Full Name of Mother, Mrs Kate Sasseer

6. Mother's Maiden Name, Miss Kate Dunnigan

7. Mother's Birthplace, Philadelphia Pa

8. Full Name of Father, William B Sasseer

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Charles E. Dett

Address, 2206 Thurg St

Remarks, _____

1 8 9 4 0 0 0 1 8 4 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each month until it shall be delivered, duly signed by the practitioner of medicine, or the practitioner of midwifery, or should so other, shall occur without the attendance upon the mother immediately thereafter, in the manner and to the extent above required, and any such person or persons who shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Colored

2. Race or Color, (if not of the white race) Female

3. Date of Birth. March 3

4. Place of Birth, (Street and Number) 10 10 Westcoat street

5. Full Name of Mother, Susan Sikes

6. Mother's Maiden Name, Susan Gordon

7. Mother's Birthplace, Howard county

8. Full Name of Father, Joseph Sikes

9. Father's Occupation, Coal business

10. Father's Birthplace, Montgomery county

Name of Medical Attendant, or other person who makes this Return, Maria Sikes

Address, 40 1337 Westcoat street

Remarks,

18940001841

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second entries of the birth of any child, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person or persons of such child in report its birth shall be the same as if it had been born under the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 3-*

4. Place of Birth, (Street and Number) *140 E. Hudson St*

5. Full Name of Mother, *Eugene A. Redmond*

6. Mother's Maiden Name, *Taylor*

7. Mother's Birthplace, *Indians Co*

8. Full Name of Father, *Mr. C. Redmond*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Taylor Co*

Name of Medical Attendant, or other person who makes this Return, *J. B. Smith*

Address, *571 N. Howard St*

Remarks, _____

6440001842

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, first and third day of each and extended duty to the office of the Commissioner of Health, or should no other person be in attendance of a physician or practitioner of medicine, in the manner and within the time specified, and shall occur upon the mother immediately thereafter, in the manner and within the time specified, and shall be subject to the fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4th March
4. Place of Birth, (Street and Number) 510. Tinsore St.
5. Full Name of Mother, Carmela Shilton
6. Mother's Maiden Name, Carmela Socore
7. Mother's Birthplace, Italy
8. Full Name of Father, John Miller
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Italy
- Name of Medical Attendant, or other person who makes this Return, Mrs. D. Spink Whitcomb
- Address, No 506. N. High St.
- Remarks, _____

3940001843

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the time of day when delivered, shall be reported, duly signed by the practitioner in the form of a certificate, between the birth and the first anniversary of the birth, to the office of the Commissioner of Health. In case the birth of any child is attended by a midwife, or occurs in a place where no physician or midwife is present, the person attending the birth shall report the birth to the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person attending the birth to report the birth to the Commissioner of Health, in the manner and within the period above required, such person shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Child

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4/94

4. Place of Birth, (Street and Number) 5. Milton Ave.

5. Full Name of Mother, Maggie Kanto

6. Mother's Maiden Name, Blaser

7. Mother's Birthplace, Balto.

8. Full Name of Father, Frank Kanto

9. Father's Occupation, Cotton

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Reichenhofer

Address, 2225 Long St.

Remarks, 18940001844

been conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the full name and occupation of its mother, the date and place of birth, the date and place of birth of the first and second child of each and every month to the office of the Commissioner of Health, in the city of Baltimore, Maryland, shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such child or children, or of any such person or persons who shall hereafter fail to comply with the provisions of this section, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 4/94

4. Place of Birth, (Street and Number)

415 S. Register str.

5. Full Name of Mother,

Kunigunde Krug

6. Mother's Maiden Name,

" " Darmstadt

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Johann Krug

9. Father's Occupation,

Musicker

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return,

Mrs. Keisenhofer

Address,

2225 Gough str.

Remarks,

18940001845

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks.

8 9 4 0 0 0 1 8 4 6

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female).

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8 9 4 0 0 0 1 8 4 7

been conferred its seal, the full name and occupation of its parents, the date and place of birth, and the date of each and every month to the office of the practitioner of midwifery, or should no other person of such skill occur without the attendance of the practitioner thereof it shall become the duty of the practitioner above required, and shall upon birth to the Commissioner of Health, in the municipality in which the provisions of this section shall be submitted by such person or persons, who shall hereafter, in the event of the death of the child, be recovered as other fines and forfeitures are recoverable, to the sum of ten dollars, each offender.

Wm. J. G. DULANY & CO, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rose Fox

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 to kind*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *4. Mary (1125 E. Pratt St.) 1894*

4. Place of Birth, (Street and Number) *1125 E. Pratt St. 1894*

5. Full Name of Mother, *Esther Fox*

6. Mother's Maiden Name, *European*

7. Mother's Birthplace, *Harris Fort*

8. Full Name of Father, *Stor Nazor*

9. Father's Occupation, *European*

10. Father's Birthplace, *Lincoln*

Name of Medical Attendant, or other person who makes this Return. *1113 Pratt St.*

Address, *1113 Pratt St.*

Remarks,

8 7 4 0 0 1 8 4 8

any such person who shall be guilty of any of the above offenses, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940001849

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate, to the Registrar of Vital Statistics, Baltimore City, in case the birth of any child third day of each and every month to the Registrar of Vital Statistics, Baltimore City, in case the birth of any child attendances upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Baltimore City, in case the birth of any child, and any such person or persons who shall hereafter fail to do so, shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) C. mixed

3. Date of Birth, March 4 - 94

4. Place of Birth, (Street and Number) 1616 Vincent St near Baker

5. Full Name of Mother, Sarah Elizabeth Parker

6. Mother's Maiden Name, Wiggs

7. Mother's Birthplace, Calvert Co. Md

8. Full Name of Father, John Parker

9. Father's Occupation, Coachman

10. Father's Birthplace, Calvert Co. Md

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1610 Vincent St near Baker St

Remarks, _____

18940001850

been conferred his sex, color, the full name and occupation of his parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or person making the return, to the Registrar of Health, on or before the third day of each and every month, or at such other time as may be directed by the Commissioner of Health. In case the birth of any child is reported to the Registrar of Health by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time provided in this section. Any such person or persons who shall herein be required to make a return, and who shall fail to do so, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4/95

4. Place of Birth, (Street and Number) 852 S. Wether St

5. Full Name of Mother, Mary Schultze

6. Mother's Maiden Name, Kiel

7. Mother's Birthplace, Saltz, Prussia

8. Full Name of Father, Gary Schultze

9. Father's Occupation, Labor

10. Father's Birthplace, Long Island N York

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 N. Cross St

Remarks,

1 8 9 4 0 0 0 1 8 5 1

RETURN OF A BIRTH. 53073

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*
 1. Sex, (state whether male or female) *Female.*
 2. Race or Color, (if not of the white race) *White.*
 3. Date of Birth, *March 4 1894.*
 4. Place of Birth, (Street and Number) *No. 1813 Hartford ave.*
 5. Full Name of Mother, *Annie Langley*
 6. Mother's Maiden Name, *Annie Carroll*
 7. Mother's Birthplace, *Maryland*
 8. Full Name of Father, *Charles Langley*
 9. Father's Occupation, *Barber.*
 10. Father's Birthplace, *Maryland*
 Name of Medical Attendant, *Dr. R. C. Cleveland, 1241 Hartford ave.*
 Address, *1241 Hartford ave.*
 Remarks.

8 4 4 0 0 1 8 5 3

RETURN OF A BIRTH. 55074 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, _____ or other person who makes this Return.

Address, _____

Remarks, _____

8940001854

RETURN OF A BIRTH. 53075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 4. (10 & 30 Evening)
4. Place of Birth, (Street and Number) 100 W. West Street.
5. Full Name of Mother, Christine Dorr
6. Mother's Maiden Name, Hachenfeldt (Hachenfeldt)
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Johann Ferdinand Dorr
9. Father's Occupation, Boxmaker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Evans from

Address, the Evening Dispensary 614 S. Charles Street

Remarks.

8940001855

been conferred in every color, the full name and occupation of the person who shall be delivered, duly signed by the practitioner of Health, in case the birth of any child shall occur without the attendance of a physician, or midwife, or a person who shall be in attendance upon a birth, to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

with schedule shall be delivered, duly signed by the parents, the date and place of birth, and the third day of the month in which the child was born, to the office of the Commissioner of Health, and the attendance upon the mother, immediately after the birth of the child, by a physician or practitioner of midwifery, or in case the birth of any child (male or female) shall occur, the mother shall be required to report its birth to the Commissioner of Health, and no other person be in attendance upon the mother, or the child, during the period above specified, except as provided in the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4th 1894

4. Place of Birth, (Street and Number) # 310 N. Schroeder St.

5. Full Name of Mother, Maggie Pfeil

6. Mother's Maiden Name, Berkemier

7. Mother's Birthplace, Balto.

8. Full Name of Father, Chas Pfeil

9. Father's Occupation, Green Grocer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, R. C. Lee

Address, Harmon St. ex Barr

Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male

1. Sex, (state whether male or female).

White

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

11th / May 94

4. *Place of Birth, (Street and Number)-*

1162 Cleveland Ave

5. Full Name of Mother,

Liana Leuthecher

6. *Mother's Maiden Name,*

Diary 1706

7. *Mother's Birthplace,*

Germany
Hornig, C. Leutbecher

8. Full Name of Father,

6. as per 1st

9. *Father's Occupation.*

4211 (Lous. L. T.)

10. *Father's Birthplace,*

Friederike Neuler Widenho

Name of Medical Attendant, or other person who makes this Return.

2116. 162. 42 att 5th.

Address.

Remarks,

8 9 4 0 0 0 1 8 5 7

[illegible]

and the name and occupation of its parent, the date and place of birth, and the name and occupation of its mother, shall be reported to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and if such person or persons fail to comply with the provisions of this section, they shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6^c

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

Mich 4th 1894

4. Place of Birth, (Street and Number)

824 Harlem Ave.

5. Full Name of Mother,

Unetta Kahl.

6. Mother's Maiden Name,

Fahl.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

D. F. Kahl.

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

H. J. H. Tall. M.D.
524 Sharp St.

Address,

Remarks,

8940001858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th, 101st, 102nd, 103rd, 104th, 105th, 106th, 107th, 108th, 109th, 110th, 111th, 112th, 113th, 114th, 115th, 116th, 117th, 118th, 119th, 120th, 121st, 122nd, 123rd, 124th, 125th, 126th, 127th, 128th, 129th, 130th, 131st, 132nd, 133rd, 134th, 135th, 136th, 137th, 138th, 139th, 140th, 141st, 142nd, 143rd, 144th, 145th, 146th, 147th, 148th, 149th, 150th, 151st, 152nd, 153rd, 154th, 155th, 156th, 157th, 158th, 159th, 160th, 161st, 162nd, 163rd, 164th, 165th, 166th, 167th, 168th, 169th, 170th, 171st, 172nd, 173rd, 174th, 175th, 176th, 177th, 178th, 179th, 180th, 181st, 182nd, 183rd, 184th, 185th, 186th, 187th, 188th, 189th, 190th, 191st, 192nd, 193rd, 194th, 195th, 196th, 197th, 198th, 199th, 200th, 201st, 202nd, 203rd, 204th, 205th, 206th, 207th, 208th, 209th, 210th, 211st, 212th, 213th, 214th, 215th, 216th, 217th, 218th, 219th, 220th, 221st, 222nd, 223rd, 224th, 225th, 226th, 227th, 228th, 229th, 230th, 231st, 232nd, 233rd, 234th, 235th, 236th, 237th, 238th, 239th, 240th, 241st, 242nd, 243rd, 244th, 245th, 246th, 247th, 248th, 249th, 250th, 251st, 252nd, 253rd, 254th, 255th, 256th, 257th, 258th, 259th, 260th, 261st, 262nd, 263rd, 264th, 265th, 266th, 267th, 268th, 269th, 270th, 271st, 272nd, 273rd, 274th, 275th, 276th, 277th, 278th, 279th, 280th, 281st, 282nd, 283rd, 284th, 285th, 286th, 287th, 288th, 289th, 290th, 291st, 292nd, 293rd, 294th, 295th, 296th, 297th, 298th, 299th, 300th, 301st, 302nd, 303rd, 304th, 305th, 306th, 307th, 308th, 309th, 310th, 311st, 312th, 313th, 314th, 315th, 316th, 317th, 318th, 319th, 320th, 321st, 322nd, 323rd, 324th, 325th, 326th, 327th, 328th, 329th, 330th, 331st, 332nd, 333rd, 334th, 335th, 336th, 337th, 338th, 339th, 340th, 341st, 342nd, 343rd, 344th, 345th, 346th, 347th, 348th, 349th, 350th, 351st, 352nd, 353rd, 354th, 355th, 356th, 357th, 358th, 359th, 360th, 361st, 362nd, 363rd, 364th, 365th, 366th, 367th, 368th, 369th, 370th, 371st, 372nd, 373rd, 374th, 375th, 376th, 377th, 378th, 379th, 380th, 381st, 382nd, 383rd, 384th, 385th, 386th, 387th, 388th, 389th, 390th, 391st, 392nd, 393rd, 394th, 395th, 396th, 397th, 398th, 399th, 400th, 401st, 402nd, 403rd, 404th, 405th, 406th, 407th, 408th, 409th, 410th, 411st, 412th, 413th, 414th, 415th, 416th, 417th, 418th, 419th, 420th, 421st, 422nd, 423rd, 424th, 425th, 426th, 427th, 428th, 429th, 430th, 431st, 432nd, 433rd, 434th, 435th, 436th, 437th, 438th, 439th, 440th, 441st, 442nd, 443rd, 444th, 445th, 446th, 447th, 448th, 449th, 450th, 451st, 452nd, 453rd, 454th, 455th, 456th, 457th, 458th, 459th, 460th, 461st, 462nd, 463rd, 464th, 465th, 466th, 467th, 468th, 469th, 470th, 471st, 472nd, 473rd, 474th, 475th, 476th, 477th, 478th, 479th, 480th, 481st, 482nd, 483rd, 484th, 485th, 486th, 487th, 488th, 489th, 490th, 491st, 492nd, 493rd, 494th, 495th, 496th, 497th, 498th, 499th, 500th, 501st, 502nd, 503rd, 504th, 505th, 506th, 507th, 508th, 509th, 510th, 511st, 512th, 513th, 514th, 515th, 516th, 517th, 518th, 519th, 520th, 521st, 522nd, 523rd, 524th, 525th, 526th, 527th, 528th, 529th, 530th, 531st, 532nd, 533rd, 534th, 535th, 536th, 537th, 538th, 539th, 540th, 541st, 542nd, 543rd, 544th, 545th, 546th, 547th, 548th, 549th, 550th, 551st, 552nd, 553rd, 554th, 555th, 556th, 557th, 558th, 559th, 560th, 561st, 562nd, 563rd, 564th, 565th, 566th, 567th, 568th, 569th, 570th, 571st, 572nd, 573rd, 574th, 575th, 576th, 577th, 578th, 579th, 580th, 581st, 582nd, 583rd, 584th, 585th, 586th, 587th, 588th, 589th, 590th, 591st, 592nd, 593rd, 594th, 595th, 596th, 597th, 598th, 599th, 600th, 601st, 602nd, 603rd, 604th, 605th, 606th, 607th, 608th, 609th, 610th, 611st, 612th, 613th, 614th, 615th, 616th, 617th, 618th, 619th, 620th, 621st, 622nd, 623rd, 624th, 625th, 626th, 627th, 628th, 629th, 630th, 631st, 632nd, 633rd, 634th, 635th, 636th, 637th, 638th, 639th, 640th, 641st, 642nd, 643rd, 644th, 645th, 646th, 647th, 648th, 649th, 650th, 651st, 652nd, 653rd, 654th, 655th, 656th, 657th, 658th, 659th, 660th, 661st, 662nd, 663rd, 664th, 665th, 666th, 667th, 668th, 669th, 670th, 671st, 672nd, 673rd, 674th, 675th, 676th, 677th, 678th, 679th, 680th, 681st, 682nd, 683rd, 684th, 685th, 686th, 687th, 688th, 689th, 690th, 691st, 692nd, 693rd, 694th, 695th, 696th, 697th, 698th, 699th

1. Sex. (state whether male or female)-

2. Race or Color, (if not of the white race).

3. Date of Birth, 1868

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*---

8. *Full Name of Father,*

9. *Father's Occupation*—

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Address, _____

Remarks, _____

1 8 9 4 0 0 0 1 8 6 0

third day of each and every month, duly signed by the practitioner in the form of a certificate between the mother and the child, and in case the birth of any child occurs between the mother and the child, the practitioner shall become the duty of the period now parents of such child, and shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 55081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 5th 94

4. Place of Birth, (Street and Number) 1551 Clifton St

5. Full Name of Mother, Chris. Krainer

6. Mother's Maiden Name, Ritter

7. Mother's Birthplace, Balto

8. Full Name of Father, Michael Krainer

9. Father's Occupation, Chicken Husband

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, L. F. Gray

Address, 2414 S. H. Ave

Remarks,

18940001861

of contract; the sex, color, the full name and occupation of its parents, the date of its birth, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the name of such person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time provided in this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

5th March

4. Place of Birth, (Street and Number)

1215 Durham St.

5. Full Name of Mother,

Mary Wetland

6. Mother's Maiden Name,

Mary England.

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

John Wetland

9. Father's Occupation

Farmer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Wm. D. Birch M.D.

Address,

W 506 N. High St.

Remarks,

8940001862

RETURN OF A BIRTH. 53783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female).- *Male.*

2. Race or Color, (if not of the white race)- white

3. Date of Birth, 5. March.

4. Place of Birth, (Street and Number) 408. Colson St.

5. Full Name of Mother, Mary Martin

6. Mother's Maiden Name, *Mary Timber*

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Thurman Martin

9. Father's Occupation Baker

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. *Mrs. J. Frank Mulneiff*

Address, No. 5 & 6, N. High St.

Remarks, _____

8 9 4 0 0 0 1 8 6 3

RETURN OF A BIRTH. 55884 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This certificate shall be filled out by the attending physician, or the midwife, or the person who has attended the birth, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days of the date of birth. It shall be a misdemeanor for any person to falsify or alter this certificate, or to refuse to furnish the same when required to do so by the Registrar. The Registrar may, in his discretion, require the attending physician, or the midwife, or the person who has attended the birth, to furnish a certificate of the birth, and may, in his discretion, require the attending physician, or the midwife, or the person who has attended the birth, to furnish a certificate of the death.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race)
- Date of Birth, 5 March 1894
- Place of Birth, (Street and Number) 405 E Cross St
- Full Name of Mother, Annie Cummings
- Mother's Maiden Name, Halls
- Mother's Birthplace, A. A. Co. Md
- Full Name of Father, Samuel Cummings
- Father's Occupation, Laborer
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell
- Address, 2965 East Ave
- Remarks,

each carried its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother or other person in charge of the child shall be liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53783-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Mar 5th 1894

4. Place of Birth, (Street and Number) 39 Woodberry Ave. West Woodberry

5. Full Name of Mother, Hannah W. Bamber

6. Mother's Maiden Name, Hannah A. Vance

7. Mother's Birthplace, Balt Co. Md

8. Full Name of Father, Thomas R. Bamber

9. Father's Occupation, Pattern-maker

10. Father's Birthplace, Balt. Co. Md.

Name of Medical Attendant, (or other person who makes this Return, Geo. T. Shower M.D.

Address, 421 Roland Ave. Hampden

Remarks, _____

18940001865

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

89400.01866

Parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother shall be deemed to have neglected to comply with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 6/ 1894*

4. Place of Birth, (Street and Number) *Thames St. No. 1632*

5. Full Name of Mother, *Lina Sojot.*

6. Mother's Maiden Name, *Medhen.*

7. Mother's Birthplace, *Poland.*

8. Full Name of Father, *Stanislaw Gutowski.*

9. Father's Occupation, *Poland.*

10. Father's Birthplace, *Russia.*

Name of Medical Attendant, or other person who makes this Return. *Agnes Stodolna.*

Address, *Thames St. No. 1635*

Remarks, *Legit.*

8 9 4 0 0 0 1 8 6 7

When completed, this form, with the full name and occupation of its parents, the date and place of birth, and the date of its birth, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the parent or parents of such child shall be held responsible for the same, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6th 1894
4. Place of Birth, (Street and Number) 1010 Arguith St.
5. Full Name of Mother, Marie Schneider
6. Mother's Maiden Name, Marie Schneider
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Schneider
9. Father's Occupation, Baker
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Dr. William G. G. G.
Address, 206 H. Schneider St.
Remarks,

8940001869

RETURN OF A BIRTH. 53091
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, March 7, 1859
4. Place of Birth, (Street and Number) n. Bay
5. Full Name of Mother, Emma Scrogge
6. Mother's Maiden Name, Emma Fowler
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm Scrogge
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.
- Name of Medical Attendant, or other person who makes this Return, Wm J. Watson
- Address, 1519 Broadway
- Remarks,

8 9 4 0 0 0 | 8 7

RETURN OF A BIRTH. 55093

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Mother, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race)

3. Date of Birth, (Street and Number)

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other person who makes this Return.

9.30 4 0 0 0 1 8 7 2

been conserved in sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the juratitioner in the form of a certificate between the first and second entries of the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the juratitioner shall report the birth of the child to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered in other cases and forfeitures are recoverable.

RETURN OF A BIRTH. 53093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *March 4th*

4. Place of Birth, (Street and Number) *4237 Harrison*

5. Full Name of Mother, *Henrietta Turner*

6. Mother's Maiden Name, *Spingys*

7. Mother's Birthplace, *Baltimore Co Md*

8. Full Name of Father, *George Turner*

9. Father's Occupation, *Labour*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return, *Harsh E. J. H.*

Address, *1306 Ohio St*

Remarks, _____

18940001873

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of death, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs within the month of the death of its mother, the practitioner shall deliver the certificate to the office of the Commissioner of Health, immediately thereafter. It shall become the duty of the person or persons who are in attendance upon the mother, immediately after the birth of the child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 7, 1894

4. Place of Birth, (Street and Number) Ramsay St 1851

5. Full Name of Mother, Maggie A. Morrisett

6. Mother's Maiden Name, Maggie A. Ramsay

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles H. Morrisett

9. Father's Occupation, Steamfitter

10. Father's Birthplace, Rochester, N.Y.

Name of Medical Attendant, Wm. S. Kelley, or other person who makes this Return.

Address, 1922 Walkers Ave

Remarks, _____

8940001874

58896

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of its last vaccination, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth certificate is not delivered, the parents or the person in whose custody the child is, shall be liable to a fine of \$100 for each offense, to be recovered as other fines and forfeitures are recoverable.

First

Fernald

White

March 8

115 W. Lombard St

Hannie Hurley

2nd

© 2000 Blackwell Science Ltd

C. S. Heer

413 WL on tan

8 9 4 0 0 0 1 8 7 6

This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second day of each and every month, to the Registrar of Vital Statistics, and shall be retained by him until the birth of the next child to be reported. It shall become the duty of the person or persons of such attendance upon the mother, immediately thereafter, to supply, in the manner and within the period above required, and subject to the fine of ten (10) dollars for each offense, with the proper record of the birth, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered in other cases and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 8, 1894
4. Place of Birth, (Street and Number) 710 Sumner St.
5. Full Name of Mother, Minnie Jones
6. Mother's Maiden Name, Minnie Hall
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Jones
9. Father's Occupation, Druggist
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mary L. Dwayne
- Address, 824 Camden St.
- Remarks, _____

6740001377

RETURN OF A BIRTH. 53-099
ce of Registrar of Vital Statistics, Board of Health, Baltimore City,
of child; *James B.*
ther, (state whether *James B.*

Full name of child: Samuel Marvin (Miss)
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 2*
4. Place of Birth, (Street and Number) *1028 North Main St*
5. Full Name of Mother, *Sarah Seabell Miner*
6. Mother's Maiden Name, *Seabell*
7. Mother's Birthplace, *Baker*
8. Full Name of Father, *James Henry Miner*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Accomac Co Va*
- Name of Medical Attendant, or other person who makes this return, _____
- Address, _____

Remarks, 2897 Lanius borealis Perrygo

Wm. J. C. Dulany Co. City Printers and Stationers.

8 9 4 0 0 0 1 8 7 9

RETURN OF A BIRTH 53700
 Statistics Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

8. *Date of Birth,*

4. Place of Birth, (Street and Number) *Ver*

5. Full Name of Mother,

6. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this return.

Address,

Remarks,

3940001880

pen conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration, shall be delivered, only as required by the provisions of the Act. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and if such person or persons fail to do so, they shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-27-58
RETURN OF A BIRTH. 53101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Carl Rund

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Kindr

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) W

3. Date of Birth. 2 March - 1894

4. Place of Birth, (Street and Number) Estoverenn 304

5. Full Name of Mother. Makije Rund

6. Mother's Maiden Name. Bill

7. Mother's Birthplace. Tajoland

8. Full Name of Father. Cali Rund

9. Father's Occupation. Bucker

10. Father's Birthplace. Tajoland

Name of Medical Attendant, or other person who makes this Return. Marie Press

Address. L Bond St 838

Remarks. 18940001881

RETURN OF A BIRTH. 53702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 9th 1894

4. Place of Birth, (Street and Number) 2029 E Lombard St.

5. Full Name of Mother, Carrie Sheres

6. Mother's Maiden Name, Sheres

7. Mother's Birthplace, Germany

8. Full Name of Father, John Sheres

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Henry Koptis

Address, 205 N. Waring St.

Remarks,

8440001882

RETURN OF A BIRTH. 53703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female).

2. Race or Color. (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 1 8 8 3

been conferred his sex color, the full name and occupation of his parents, the date and place of birth; and the social address of the practitioner in charge of health. In case the birth of any child shall occur at such every month to the office of the practitioner or practitioner of midwifery, or should occur without the attendance therewith it shall become the duty of the practitioner or practitioners of such shall occur upon birth to the Commissioner of Health to comply with the provisions of this section are recoverable, any such person or persons who shall be guilty of such offence, to be recovered as other fines and forfeitures are collected to the fine of ten (\$10) dollars for each offence.

and schedule shall be delivered, duly signed by the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother, immediately thereafter, it shall become the duty of the parent or other person in charge of the child to report the birth of the child to the Registrar of Vital Statistics, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 March 1894
4. Place of Birth, (Street and Number) 210 E. Baltimore St
5. Full Name of Mother, Annie Rachel
6. Mother's Maiden Name, Coleman
7. Mother's Birthplace, Russia
8. Full Name of Father, William Rachel
9. Father's Occupation, Store-keeper
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, B. Schenck
- Address, 1210 Baltimore St
- Remarks, _____

RETURN OF A BIRTH. 55/06

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth*,

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 1 8 8 6

[illegible]

RETURN OF A BIRTH. 55107
 Vital Statistics Board of Health, Baltimore City.

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. Date of Birth, _____
(Street and Number)

4. Place of Birth, (Street and Number) - *411 Margaret G. Quinn*

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant.

Address, 1427 E.

Remarks,

or other person who
makes this Return

or other person, make this Return.

Paul H.

Orville

8 4 4 0 0 0

8. 9. 4. 0. 0. 0. 1. 8. 6. 7.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Thomas Joseph Roache

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 4 0 0 0 1 8 8 8

RETURN OF A BIRTH. 55110 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9th March 1894

4. Place of Birth, (Street and Number) 1510 Bayle St

5. Full Name of Mother, Fanny Fogle

6. Mother's Maiden Name, Hurst

7. Mother's Birthplace, Jersey City N.J.

8. Full Name of Father, Robert Fogle

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yarnall

Address, 436 E. Fort Ave

Remarks, _____

8940001890

and the
place of birth; and the
said schedule shall be delivered, duly signed by the person in the form of a certificate between the first and
third day of each and every month to the Registrar of the Commissioner of Health. In case the birth of any child
shall occur without the presence of a physician or practitioner of midwifery, or the person or persons of such
child thereupon report its birth to the Commissioner of Health, immediately thereafter, in the manner and within the period above required, and
any such person or persons who shall fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 9 March 2 o'clock a.m.

4. Place of Birth, (Street and Number) 1450 E. B. Street

5. Full Name of Mother, Anna Katharine Hammer

6. Mother's Maiden Name, Hilke

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Reinhold Hammer

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie H. H. H.

Address, 500 Madison St.

Remarks,

8940001891

RETURN OF A BIRTH. 55712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 9/94

4. Place of Birth, (Street and Number) 415 S. Washington str.

5. Full Name of Mother, Kathie Mueller

6. Mother's Maiden Name, " Mueller

7. Mother's Birthplace, Balto.

8. Full Name of Father, Louis Mueller

9. Father's Occupation, Carmaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Linsenhofer

Address, 3225 Gough str.

Remarks,

8940001892

RETURN OF A BIRTH. 55113 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 9, 1894

4. Place of Birth, (Street and Number) 1332 Division St.

5. Full Name of Mother, Josephine Cromwell Mizick

6. Mother's Maiden Name, Mr. P. Cromwell

7. Mother's Birthplace, Edgar

8. Full Name of Father, stenographer

9. Father's Occupation, Ind.

10. Father's Birthplace, G. Lane Taneyhill

Name of Medical Attendant, 1103 Madison Avenue
or other person who makes this Return.

Address, chloroform

Remarks, Instruments & chloroform

1894001893

and the date and place of birth, and the name of the father, mother, and the first and last names of the child, in case the birth of any child shall occur without the attendance of a physician, or should no other person be in attendance upon the birth of the child, the person or persons of such child or children shall be liable to the penalty provided in this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 55114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Friday March 9th 1894

4. Place of Birth, (Street and Number) 1003 N. Broadway

5. Full Name of Mother, Margaret H. Schwatka

6. Mother's Maiden Name, Cooper

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, John T. Schwatka

9. Father's Occupation, Physician

10. Father's Birthplace, Kent Co. Md

Name of Medical Attendant, or other person who makes this Return, J. B. Schwatka M.D.

Address, 1003 N. Broadway

Remarks,

18940001894

CERTIFICATE AMENDED 2-8-66

IRTH 551/3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Edgar Joseph McGuinness Sixth
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) male

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) 10th 1894
3. Date of Birth, February
4. Place of Birth, (Street and Number) 1149 N. Calhoun St
5. Full Name of Mother, Mary A. McGuiness
6. Mother's Maiden Name, Mary A. McNamee
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Michael P. H. McGuiness
9. Father's Occupation, Black
10. Father's Birthplace, Baltimore Md.
Name of Medical Attendant, or other person who makes this Return, Mrs. R. C. Bush
Address, 2024 Lexington
Remarks, Healthy

2024 Lexington
Breath

8940001695

shall be delivered, duly signed by the practitioner, to the Registrar of Health, and the said schedule shall be filed in the office of the Registrar of Health, and the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁵⁵¹¹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, March 10th 1894

4. Place of Birth (Street and Number), Friday & Mount (Avenue)

5. Full Name of Mother, Martin Row

6. Mother's Maiden Name, Daiger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James D. Row

9. Father's Occupation, Chase Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Ed. Monahan M.D.

Address, 688 Broadway

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color. (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth. (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 1 8 9 7

When a child is born, the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the father or mother of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 15, 1894

4. Place of Birth, (Street and Number) 543 Chesapeake St.

5. Full Name of Mother, Ellen Sherrin

6. Mother's Maiden Name, Ellen Sherrin

7. Mother's Birthplace, Balto

8. Full Name of Father, Samuel Sherrin

9. Father's Occupation, Tailor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L. Swaine

Address, 824 Canton St.

Remarks,

18940001898

53719

RETURN OF A DEATH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1/10

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),
W. Indian

2. Race or Color (if not of the white race),
3. Date of Birth, 10th March 1894

3. Date of Birth, 10th March 1914

4. Place of Birth (Street and Number), 1914 Park Ave
Eggs, Gregg Carroll

4. Place of Birth (Street and Number), 1914
5. Full Name of Mother, Ella Gregg Carroll

6. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

~~6 4 0 0 0 1 8 9 9~~

RETURN OF A BIRTH. 55120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}1. Sex, (state whether male or female) Male2. Race or Color, (if not of the white race) Col'd3. Date of Birth, March 10/944. Place of Birth, (Street and Number) 255 N. Bruce5. Full Name of Mother, Lacy Smith6. Mother's Maiden Name, Stewart7. Mother's Birthplace, Md8. Full Name of Father, George Smith9. Father's Occupation, Laboro10. Father's Birthplace, MdName of Medical Attendant, or other person who makes this Return, Md Carter MdAddress, 1800 W Baltimore St.

Remarks, _____

1894-0001900

shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the mother and the child, and the third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, for filing and recording. Any practitioner who fails to comply with this provision shall be liable to a fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55721
 Vital Statistics, Board of Health, Baltimore City.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ² *Len*
 Is the child male or female? *1st*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) - 10

1. Sex, (State) _____
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, _____
 4. Street and Number, _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____

3. Date of Birth, 112
4. Place of Birth, (Street and Number) Marg- Vankar
..... Marikolok

5. Full Name of Mother, Mary Marsden
T. L. Men

6. Mother's Maiden Name, Behimen
Hanks

7. Mother's Birthplace, Toban Vanuatu

8. Full Name of Father, Taylor
Occupation Manager

9. Father's Occupation Anger
10. Father's Birthplace Aloisia Ivators
1212 Durham st

Father's Birthplace, _____
Name of Medical Attendant, _____ or other person who makes this Return, _____
1010 Durham St

Address.

Remarks. 1 8 9 4 0 0 0 1 9 0 1

No. 1.
 2.
 3.
 4.

said schedule shall be delivered, duly signed by the practitioner in the form prescribed, to the Registrar of Vital Statistics, Baltimore City, on or before the third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, in case the birth of any child shall occur within the month. In case the birth of any child shall occur within the month, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Baltimore City, in the manner and within the time allowed, and any such person or persons who shall hereafter fail to do so, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55/22

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 10th 1894.
4. Place of Birth, (Street and Number) 9222 Jefferson St.
5. Full Name of Mother, Ruth Tischer
6. Mother's Maiden Name, Saluka
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Tischer
9. Father's Occupation, Taylor
10. Father's Birthplace, Bohemia
Name of Medical Attendant, or other person who makes this Return, Henry Reptis
Address, 206 A Washington St.
Remarks,

8940001902

RETURN OF A BIRTH.

55/23

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and extended to the office of the Commissioner of Health. In case the mother or father be in attendance upon the mother, immediately thereafter of the birth of the child, the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be liable to a fine not exceeding ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 1. Sex, (state whether male or female) Boy.
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March 10th 1894
 4. Place of Birth, (Street and Number) 123 N Washington St.
 5. Full Name of Mother, Francis Baxter
 6. Mother's Maiden Name, Baxter
 7. Mother's Birthplace, Bohemia
 8. Full Name of Father, Albert D. Baxter
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, Bohemia
 Name of Medical Attendant, or other person who makes this Return, Henry Koptis
 Address, 205 N Washington St.
 Remarks, _____

8940001903

RETURN OF A BIRTH. 55/24

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Mother, (state whether 1st, 2d, 3d, &c.) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 10 - 1894*

4. Place of Birth, (Street and Number) *2nd*

5. Full Name of Mother, *Barbara Bender*

6. Mother's Maiden Name, *Behrman*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *James Baker*

9. Father's Occupation, *Behrman*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *Mary Kopke*

Address, *205 N Washington St.*

Remarks,

8940001904

RETURN OF A BIRTH.

55/25

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each month to the office of the Registrar of Vital Statistics, Baltimore City. In case the birth of any child shall occur upon the mother, immediately after it shall become the duty of the practitioner to report the same, and any such person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2.

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 10th 1894

4. Place of Birth, (Street and Number)

722

J. Wolf St.

5. Full Name of Mother,

Sophia

Swodada

6. Mother's Maiden Name,

Staton

7. Mother's Birthplace,

Scammon

8. Full Name of Father,

James

Swodada

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Charmers

Name of Medical Attendant, or other person who makes this Return,

Henry K. Plish

Address,

245 N. Washington St.

Baltimore Md.

Remarks,

18940001905

RETURN OF A BIRTH. 55136
Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

1 8 9 4 0 0 0 1 9 0 6

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Mar. 10/94

4. Place of Birth, (Street and Number) 5-6 Roberts St.

5. Full Name of Mother, Mary Catherine Campbell

6. Mother's Maiden Name, Flann

7. Mother's Birthplace, New York City

8. Full Name of Father, John James Campbell

9. Father's Occupation, Stationary Engineer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who make this Return. Dr. Christian

Address, 51 Madison Ave

Remarks,

8940001907

between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur on the first or third day of any month, the birth shall be reported on the first or third day of the following month. If the birth of any child shall occur on the second day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the fourth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the fifth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the sixth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the seventh day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the eighth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the ninth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the tenth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the eleventh day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the twelfth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the thirteenth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the fourteenth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the fifteenth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the sixteenth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the seventeenth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the eighteenth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the nineteenth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the twentieth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the twenty-first day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the twenty-second day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the twenty-third day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the twenty-fourth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the twenty-fifth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the twenty-sixth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the twenty-seventh day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the twenty-eighth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the twenty-ninth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the thirtieth day of any month, the birth shall be reported on the first day of the following month. If the birth of any child shall occur on the thirty-first day of any month, the birth shall be reported on the first day of the following month.

RETURN OF A BIRTH. 55728 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 11/1904

4. Place of Birth, (Street and Number) 823 S. Mountford Ave.

5. Full Name of Mother, Mina Kopp

6. Mother's Maiden Name, " Stroehlein

7. Mother's Birthplace, Balto

8. Full Name of Father, Charles Kopp

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St

Remarks, _____

8940001908

Each certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs on the first day of a month, the certificate shall be delivered on that day. If the birth occurs on any other day, the certificate shall be delivered on the first day of the following month. The practitioner shall be liable for the cost of the certificate, and shall be liable to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other person who makes this Return.

Address,

Remarks,

8940001909

RETURN OF A BIRTH. 55130 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

This day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, the physician, midwife, or other person who makes this Return, shall attend to the birth of a child, and shall report the same to the Registrar of Vital Statistics, Baltimore City, within the time specified in the line of ten (10) days for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....6

1. Sex, (state whether ~~male~~ or female) Anna Magdaline Lederer
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 of March
4. Place of Birth, (Street and Number) 106 W. Berry St.
5. Full Name of Mother, Elizabeth Catherine Lederer
6. Mother's Maiden Name, Reed
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Lawrence Lederer
9. Father's Occupation Stable Boy
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Katie Allmendinger
Address, 800 Lincoln Hall St.
Remarks, Given name added Mar 13-1937.

89400019218191chm - Reg

GIVEN NAME ADDED. 7-6-57
RETURN OF A BIRTH. 55732
Board of Health, Baltimore City.

RETURN OF

To, the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Y. S. [unclear] [unclear]

To the Office of Registrar

Lillian Wittenman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 11th 1894.

4. Place of Birth, (Street and Number) 110 W. Hamburg St. Baltimore

5. Full Name of Mother, Ella Wittenman

6. Mother's Maiden Name, Ross

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George Wittenman

9. Father's Occupation, Piano Tuner

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, Mrs. Minch

Address, 800 Leadenhall St

Remarks,

8940001912

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the physician or practitioner of midwifery, or should no other person be in attendance without the attendance of a physician or practitioner of midwifery, and shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and in the event of failure to do so, the person or persons so failing shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55/33

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 11, 1894*

4. Place of Birth, (Street and Number) *232 E. Chest St.*

5. Full Name of Mother, *Barbara Lamberson*

6. Mother's Maiden Name, *Barbra Preskew*

7. Mother's Birthplace, *Lyonsville*

8. Full Name of Father, *John Lamberson*

9. Father's Occupation, *aylor*

10. Father's Birthplace, *Pa.*

Name of Medical Attendant, or other person who makes this Return, *Mary L. Swayne*

Address, *824 Lexington St.*

Remarks,

18940001913

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race).*

3. *Date of Birth.*

4. *Place of Birth. (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

D. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks.

1 8 9 4 0 0 0 1 9 1 5

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report the birth of such child to report to the office of the Commissioner of Health, and with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child
Male
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, March 11th 1894
4. Place of Birth, (Street and Number) No. 231 Vincent St.
5. Full Name of Mother, Annie Blessinger
6. Mother's Maiden Name, " " Harrold
7. Mother's Birthplace, Unterfrankland
8. Full Name of Father, Jacob Messinger
9. Father's Occupation, Brewer
10. Father's Birthplace, Rheinfelden
Name of Medical Attendant, or other person who makes this Return, Artis. Residner
Address, No. 106 S. Howard St
Remarks, _____

8940001916

RETURN OF A BIRTH. 55737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child
male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 11th March 1894.

4. Place of Birth, (Street and Number) Harc street 1226.

5. Full Name of Mother, Anna Jorgas.

6. Mother's Maiden Name, Lokaschek.

7. Mother's Birthplace, Galizien

8. Full Name of Father, Stephan Jorgas.

9. Father's Occupation, Galizien

10. Father's Birthplace, Mals P. Giersemann.

Name of Medical Attendant, or other person who makes this Return 1225 Harc street

Address,

Remarks,

8940001917

Each certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall be retained by the Registrar for a period of one year, after which it shall be destroyed. The Registrar shall not be liable for any loss or destruction of such certificates. The Registrar shall not be liable for any loss or destruction of such certificates. The Registrar shall not be liable for any loss or destruction of such certificates.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City,

Lilly Ida Warner

10

Female

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *March 11 1894*

4. Place of Birth, (Street and Number) *811 E. Lombart St.*

5. Full Name of Mother, *Corette Wilhelmine Werner*

6. Mother's Maiden Name, *Kramer*

7. Mother's Birthplace, *Kramer*

8. Full Name of Father, *Fredrick August Warner*

9. Father's Occupation, *Shoe Maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *Dr. H. St.*

Address, *1427 E. Pratt St.*

Remarks, *GIVEN NAME ADDED.*

5-21-52

18940001918

Each certificate shall be delivered daily, signed by the practitioner, in the form of a certificate, to the Office of the Registrar of Vital Statistics, Baltimore City, in case the child is born in the city, or to the Office of the Registrar of Vital Statistics, in case the child is born in the county, or to the Office of the Registrar of Vital Statistics, in case the child is born in the State. The certificate shall be given to the mother, or to the person or persons named, and shall be retained by the mother, or the person or persons named, until the child is one year of age, when it shall be returned to the Office of the Registrar of Vital Statistics, Baltimore City, for filing. The certificate shall be given to the mother, or to the person or persons named, and shall be retained by the mother, or the person or persons named, until the child is one year of age, when it shall be returned to the Office of the Registrar of Vital Statistics, Baltimore City, for filing. The certificate shall be given to the mother, or to the person or persons named, and shall be retained by the mother, or the person or persons named, until the child is one year of age, when it shall be returned to the Office of the Registrar of Vital Statistics, Baltimore City, for filing.

Return of a Birth. To be filled out by the physician or practitioner attending the birth, and to be filed in the office of the Commissioner of Health, or other person to whom the law may direct, immediately after the birth, and before the child is one month old. It shall be the duty of the physician or practitioner attending the birth, to report the birth to the office of the Commissioner of Health, in the manner and within the time specified, and to file the certificate between the first and second day of each and every month in the office of the Commissioner of Health, or other person to whom the law may direct, immediately after the birth, and before the child is one month old. Any physician or practitioner who shall hereafter fail to comply with the provisions of this law, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1894 11th of March
4. Place of Birth. (Street and Number) 1122 N. Springton St.
5. Full Name of Mother, Mrs. A. Bauer
6. Mother's Maiden Name, Miss A. Kramer
7. Mother's Birthplace, Essex, Maryland
8. Full Name of Father, Thos. H. Bauer
9. Father's Occupation, grocer
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this return, Susan Stanton
Address, 23 N. Poppleton St.
Remarks,

18940001919

such schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and the practitioner shall be liable to the penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 11/94

4. Place of Birth, (Street and Number) 219 N. Frederick str.

5. Full Name of Mother, Eugenia Vitagliona

6. Mother's Maiden Name, " Cacace

7. Mother's Birthplace, Italy

8. Full Name of Father, Ernesto Vitagliona

9. Father's Occupation, Factor

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. Weisenhofer

Address, 2225 Gough str

Remarks, _____

18940001920

Any person who shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the case of the Commissioner of Health. In case the birth of any child shall occur on a day other than the first day of the month, the certificate shall be signed by the practitioner on the first day of the month following the birth of the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 5
1. Sex, (state whether male or female)..... Female
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... 11 May 1894
4. Place of Birth, (Street and Number)..... 1425 Wolf St
5. Full Name of Mother,..... Mary Beron
6. Mother's Maiden Name,..... Mary Pankal
7. Mother's Birthplace,..... Bohemen
8. Full Name of Father,..... Vangel Beron
9. Father's Occupation..... Kasimam
10. Father's Birthplace,..... Bohemen
Name of Medical Attendant, or other person who makes this Return,..... Aloisia Ivatora
Address,..... 1010 Durham St
Remarks,.....

8940001921

RETURN OF A BIRTH. 55742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female). *Boy*

2. Race or Color, (if not of the white race). *White*

3. Date of Birth. *Mar 12 - 94*

4. Place of Birth, (Street and Number). *312 E. Packer St*

5. Full Name of Mother. *Mrs. Maggie Schubert Kuntz*

6. Mother's Maiden Name. *Patte*

7. Mother's Birthplace. *Prussia*

8. Full Name of Father. *Joseph G. Kuntz*

9. Father's Occupation. *Prussia*

10. Father's Birthplace. *Prussia*

Name of Medical Attendant, or other person who makes this Return. *Dr. J. S. Ullrich M.D.*

Address. *Sancti Spiritus 1922*

Remarks.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth of a child, to the Commissioner of Health, in the manner and within the time specified in this section, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth. Mar. 12, 94

4. Place of Birth. (Street and Number) 115 W. Lombard St.

5. Full Name of Mother. Alice Diggs

6. Mother's Maiden Name. Med.

7. Mother's Birthplace. _____

8. Full Name of Father. _____

9. Father's Occupation. _____

10. Father's Birthplace. _____

Name of Medical Attendant, or other person who makes this Return. C. S. Hun

Address. 115 W Lombard

Remarks. _____

8440001923

RETURN OF A BIRTH. 55144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Mar. 12, 94

4. Place of Birth, (Street and Number)

15 W. Lombard St

5. Full Name of Mother,

Augusta Betz

6. Mother's Maiden Name,

German

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

C. S. New

Address,

113 W Lombard

Remarks,

8940001924

and acted upon shall be delivered, duly signed by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, and to file a return therefor, subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child is attended by a physician or practitioner of midwifery, or should no other person be present, the attendance upon the mother, immediately thereafter it shall become the duty of the practitioner to report the child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

OVER NAME ADDED 3-11-17

55145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Benjamin B.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, 12 May 1894

4. Place of Birth, (Street and Number) 231 S. Eden St

5. Full Name of Mother,

6. Mother's Maiden Name, Fanny Schayder

7. Mother's Birthplace, Europa

8. Full Name of Father, Morris Schayder

9. Father's Occupation, Taylor

10. Father's Birthplace, Europa

Name of Medical Attendant, or other person who makes this Return.

Address, Lina Handler

Remarks, 113 G. Pratt St

8940001925

RETURN OF A BIRTH. 53746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *12th of May, 94.*
4. Place of Birth, (Street and Number) *1814 Dover St.*
5. Full Name of Mother, *Margie Katharina Mully*
6. Mother's Maiden Name, *M. K. Kueh*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John, Wm. Mully*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Friederike Heuler Midwife*
- Address, *2116 W. Pratt St.*
- Remarks,

8 9 4 0 0 0 1 9 2 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month in which the birth occurred, to the office of the Commissioner of Health. In case the birth of any child shall occur on the first or third day of the month, the certificate shall be delivered to the office of the Commissioner of Health, without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the mother to deliver the certificate to the office of the Commissioner of Health, within the period above required, and child to report its birth to the Commissioner of Health, within the period above required, and any such person who fails to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *12. March.*

4. Place of Birth, (Street and Number) *W. 1624. St. Caroline St.*

5. Full Name of Mother, *Barbara Beckhusen*

6. Mother's Maiden Name, *Barbara*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Henry Beckhusen*

9. Father's Occupation, *Book Binder*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. J. Smith midwife*

Address, *No 516. St. High St.*

Remarks, _____

8940001928

to be signed by the person in the form of a certificate between the first and third day of each and every month to the Registrar of Health. In case the person be in attendance upon the birth of a child, the person or persons who shall be in attendance upon the birth of a child to the Registrar of Health, and within the period above required, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 17 94

4. Place of Birth, (Street and Number) 2613 Penna. av

5. Full Name of Mother, Augusta Etta Grossman

6. Mother's Maiden Name, Paetz

7. Mother's Birthplace, Ches E B Berlin

8. Full Name of Father, Isaac

9. Father's Occupation, German

10. Father's Birthplace, AC Pole

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Harrison

Address, 2838 Madison av

Remarks,

18940001930

RETURN OF A BIRTH. 55151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The Registrar of Vital Statistics, Baltimore City, is authorized to receive and record all returns of births, deaths, marriages, divorces, and adoptions, and to issue certificates of birth, death, marriage, divorce, and adoption, and to keep a record of the same. The Registrar is also authorized to receive and record all returns of births, deaths, marriages, divorces, and adoptions, and to issue certificates of birth, death, marriage, divorce, and adoption, and to keep a record of the same. The Registrar is also authorized to receive and record all returns of births, deaths, marriages, divorces, and adoptions, and to issue certificates of birth, death, marriage, divorce, and adoption, and to keep a record of the same.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) March 13 '94
 3. Date of Birth, 1124 Spots Ave
 4. Place of Birth, (Street and Number) Amelias Past
 5. Full Name of Mother, Annie
 6. Mother's Maiden Name, Balto Md
 7. Mother's Birthplace, Joseph Past
 8. Full Name of Father, Driver
 9. Father's Occupation, Balto Md
 10. Father's Birthplace, Cardinal Miller
 Name of Medical Attendant, or other person who makes this Return, Dr 1605 Parkers St
 Address, _____
 Remarks, _____

8940001931

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended by a physician, or a midwife, or a nurse, or a person acting in the capacity of a medical attendant, upon the mother, immediately thereafter, he shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th of May 94.
4. Place of Birth, (Street and Number) 2143. Vane St.
5. Full Name of Mother, Emma E. Zimmermann
6. Mother's Maiden Name, Emma E. Winkesser
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles F. Zimmermann
9. Father's Occupation, R. L. Eisenbruch
10. Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return, Friedrich Kessler Midwife
Address, 2116 W. Pratt St
Remarks,

18940001932

RETURN OF A BIRTH. 55153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Frank Brosh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

13 May 1894

4. *Place of Birth.* (Street and Number).

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

and the certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the parent or parents of such child to report to birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not more than one hundred dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1898 3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
Whether male or female Male

- No. of Child of Mother _____
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, _____
4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, _____
6. Mother's Maiden Name, _____
7. Mother's Birthplace, _____
8. Full Name of Father, _____
9. Father's Occupation _____
10. Father's Birthplace, _____
- Name of Medical Attendant, _____
- Address, _____
- of other person who makes this Return.
- March 13 - 1894
305 N. Bond St.
Sara E. L. Gamond
Smith
New York
George E. L. Gamond
Captain of a Boat
Boston Mass.
Mary Stein
E. Pratt St.
1427 8

Remarks.

~~18940001935~~

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 53756
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Child of Mother, (state school)

1. Sex, (state whether male or female) Male

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 11, 1901 Colon

4. Place of Birth. (Street and Number) 1551 2nd

5. Full Name of Mother, Martha F. Rodriguez

6. Mother's Maiden Name, Bartha Sewell

7. Mother's Birthplace, Barre, Morris

8. Full Name of Father, John S. [unclear]

9. Father's Occupation. *Board Jewell*

10. Father's Birthplace, Baghdad, Iraq

Name of Medical Attendant, or other person who makes report: Robert G. M.D.

Address, _____

Remarks, *2206*

8 9 4 0 0 0 1 9 3 6

RETURN OF A BIRTH. 55/58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child
Female
 1. Sex, (state whether male or female) _____
White
 2. Race or Color, (if not of the white race) _____
March 14 1894
 3. Date of Birth, _____
11 West Randall St
 4. Place of Birth, (Street and Number) _____
Oradore Roberts
 5. Full Name of Mother, _____
Oradore Clark
 6. Mother's Maiden Name, _____
Baltimore
 7. Mother's Birthplace, _____
Peter Roberts
 8. Full Name of Father, _____
Railroader
 9. Father's Occupation, _____
Baltimore
 10. Father's Birthplace, _____
Wm. K. Haskins
 Name of Medical Attendant, or other person who makes this Return, _____
213 E. North St
 Address, _____
Doing Well
 Remarks, _____
 6940001938

RETURN OF A BIRTH. 55160

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Male

3. Date of Birth, 14 May 1941

4. Place of Birth, (Street and Number) 4 E 5th St St. Louis Mo 1894

5. Full Name of Mother, Ann Mary H. H.

6. Mother's Maiden Name, — Elizabeth Hicks

7. Mother's Birthplace, Thammas Jacobs

8. Full Name of Father, Thomasson Jon
Leomar Hild

9. Father's Occupation George Hicks
Chlorine

5. Father's Birthplace, Alexander Nev
Sutton

Name of Medical Attendant, or other person who makes this Return, Edith H. [illegible]

Address, Elizabeth Jewell
4316 S 4th St

Remarks, 1363 Font Ave

[illegible]

8940001940

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother shall be liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any failure to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-22-56
RETURN OF A BIRTH. 55162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Esther Hecht

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 14 March 1894

4. Place of Birth, (Street and Number) 1101 E Lexington St

5. Full Name of Mother, Bertha Hecht

6. Mother's Maiden Name, Dannenberg

7. Mother's Birthplace, Balto

8. Full Name of Father, Jacob Hecht

9. Father's Occupation, Salesman

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940001942

and schedule shall be delivered duly signed by the registrars in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the duty of the person or persons shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such person or persons to deliver the child, and if they fail to do so, they shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 14, 1904

4. Place of Birth, (Street and Number) 202 N. Wolf Str.

5. Full Name of Mother, Kathie Schmitt

6. Mother's Maiden Name, Schierman

7. Mother's Birthplace, Balto.

8. Full Name of Father, Frank Schmitt

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Duisenker

Address, 2225' Gough Str

Remarks,

18940001944

RETURN OF A BIRTH. 55765- To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

Sex, (state whether male or female) Male

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) March 14 - 1874

3. Date of Birth, March 14 - 1874

4. Place of Birth, (Street and Number) 924 Hollins St. Baltimore

5. Full Name of Mother, Annie M. Fitzpatrick

6. Mother's Maiden Name, Annie M. Lynch

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, John Adelle Fitzpatrick

9. Father's Occupation, Book keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, (or other person who makes this Return) Mrs. O. Weyer

Address, 924 Hollins St.

Remarks, _____

8940001945

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the mother, or any person assisting her, be unable to report the birth of the child to the Commissioner of Health, in the manner and within the period above required, and any such person for each offense to be recovered in other fines and forfeitures also recoverable.

RETURN OF A BIRTH ⁵⁸⁷⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 14. 1894*
4. Place of Birth, (Street and Number) *1016 N. Eutan St. City*
5. Full Name of Mother, *Grace H. Hirsch*
6. Mother's Maiden Name, *Seely*
7. Mother's Birthplace, *City*
8. Full Name of Father, *John T. Hirsch*
9. Father's Occupation, *Cigar Manufacturer*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, or other Person who makes this Return, *Wm E. Moseley M.D.*
- Address, *614 N. Howard St*
- Remarks,

and schedule shall be delivered, duly signed by the practitioner in the case of birth, and the third day of each and every instance of a physician or practitioner of midwifery, or should to other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 14th 1894

4. Place of Birth, (Street and Number) 2326 Barclay St. Balt.

5. Full Name of Mother, Angelina Rosiga

6. Mother's Maiden Name, Angelina Pascino

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, Gamilo Rosiga

9. Father's Occupation, Contractor & Stone Cutter

10. Father's Birthplace, Italy Europe

Name of Medical Attendant, or other person who makes this Return, W. D. Coorse M.D.

Address, Jan. de. well Baltimore Co Md.

Remarks, _____

8940001947

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6d*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth. *March 14, 94*

4. Place of Birth, (Street and Number) *1108 Thompson St*

5. Full Name of Mother. *Hannie Feinberg*

6. Mother's Maiden Name. *Europe*

7. Mother's Birthplace. *Europe*

8. Full Name of Father. *Joseph Feinberg*

9. Father's Occupation. *merchant*

10. Father's Birthplace. *Europe*

Name of Medical Attendant, or other person who makes this Return. *Mrs C Bernstein*

Address. *132 E. 57th St*

Remarks.

1 8 9 4 0 0 0 1 9 4 8

and certificate shall be delivered, they signed by the practitioner in the form of a certificate between the first and third day of the month in which the birth occurs, to the office of the Commissioner of Health. In case the birth of any child is attended by a physician or practitioner of midwifery, or by a nurse, the attendance of a physician or practitioner of midwifery, or by a nurse, shall be reported to the office of the Commissioner of Health, in the manner and within the period above required, and any such failure to report to the Commissioner of Health, or any such failure to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55169
CERTIFICATE CORRECTED 5-21-63
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Thomas O'Donnell
No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 14
1. Sex, (state whether male or female). Female Male
2. Race or Color, (if not of the white race). White
3. Date of Birth. Mch 15 94
1039 East Ave.
4. Place of Birth, (Street and Number). Mrs. D. O'Donnell
5. Full Name of Mother. Bridget Lucas
6. Mother's Maiden Name. Ireland
7. Mother's Birthplace. D. O'Donnell
8. Full Name of Father. Lieberman
9. Father's Occupation. Ireland
10. Father's Birthplace. J. H. Robinson
Name of Medical Attendant, or other person who makes this Return.
Address.
Remarks.

8940001949

and attending shall be deemed duly signed by the practitioner in the form of a certificate between the first and second entries of the birth to the office of the Commissioner of Health. In case the birth of any child is attended by a midwife, or other person, who is not a practitioner, such person shall be deemed to have given the required certificate, and shall not be liable for any penalty, such person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Leak

3. Date of Birth, March 15/94

4. Place of Birth, (Street and Number) 1416 Baiter St

5. Full Name of Mother, Kate Russell

6. Mother's Maiden Name, Kate Ellis

7. Mother's Birthplace, Ind

8. Full Name of Father, Ezra Russell

9. Father's Occupation, Ind

10. Father's Birthplace, Ind

Name of Medical Attendant, or other person who makes this Return, Jane Woodland

Address,

Remarks,

6940001950

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name.

7. Mother's Birthplace.....

4. Full Name of Father.

9. Father's occupation

10. Father's Birthplace:

Name of Medical Attendant, or name of person making this report

Address.

Remarks.

3 9 4 0 0 0 1 9 5 1

55771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1

Circle 3 A.

Write

March 15/94

1872 Canton Ave.

Henrietta Brown

Stingier

Germany

Michael Thron

Backer

Germany

or other person who makes this Return.

Mrs. Weisenhofer

2225 Gough Str

8 4 0 0 1 9 5 2

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 4 0 0 0 1 9 5 4

RETURN OF A BIRTH. 55173
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person who is convicted of such offence shall be liable to a fine not exceeding ten thousand rupees or to imprisonment for a term not exceeding three years or to both such fine and imprisonment, and the provisions of this section shall apply to any such person who is convicted of such offence whether or not he is a member of the Commission.

- To the Office of Registration
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar. 16th 1894.
4. Place of Birth, (Street and Number) 1611 St. Joseph St.
5. Full Name of Mother, Catherine Parr Doyle
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Adam Parr
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. City
- Name of Medical Attendant, (if other person who makes this Return, E. B. Tenby, M. D.
- Address, 1219 N. Caroline St.
- Remarks, 8940001955

55777

[illegible]

Fourth -
Final
White

White 16th 94
March 15

March
The collector of
+ 1

2108

2108
Zippa-Rosenstock
Zilber

Tippan Wilfson
Tippan Baltimore

Baltimore

ms. Rosenstock
ms. Shank

mechanic

Germany 11/16

Joseph (Jr)

or other person who makes this Return

or other person
makes this return.

89,40001957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 4 0 0 0 1 9 5 8

55719

1361 031318P23



Male

the white race)

the white race) -----
16 March

421 St. Gary N

and Number) -
 Mass. 11

Harry H. Hill

10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846,

Bath
 Mr. Hazwick

Wh. Schand

Merchant
C. J. [unclear] Richmond Va

Wm R. Ulrich

1302 E Lexington Ave. N

8940001959

8940001959

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the attendance of a physician or person who shall become the duty of the period or persons of such attendance upon the birth of the child, the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to be fined to the fine of ten (10) dollars for each offense to be recovered as after fines and forfeitures are recoverable.

RETURN OF A BIRTH. 55780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Mar. 16

4. Place of Birth, (Street and Number)

118 W. Lombard St

5. Full Name of Mother,

Louise Wright

6. Mother's Maiden Name,

N. C.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

C. S. Neen

Address,

118 W. Lombard St

Remarks,

18940001960

55181

5' 11th

Male.

- 17th March 1894

1112 Riverside Ave
2400 S. 11th St.

Coligneth Schier
Lawton

Larutan
Pakulturan
Chapman

Herring
Lachar

Sachsen

Baltimore

Elizabeth Jewell

436 S. Front Ave

8940001961

[illegible]

third day of each and every month to the office of the Commissioner of the Department of Health, and to the attention of a physician or practitioner of midwifery, or should any child be born, the birth of any child shall be reported to the Commissioner of the Department of Health, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

March 17, 94

4. Place of Birth, (Street and Number)

115 W. Lombard St.

5. Full Name of Mother,

Mary Lewis

6. Mother's Maiden Name,

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

C. S. Neer

Address,

115 W. Lombard St.

Remarks,

8940001962

shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 18, 1892

4. Place of Birth, (Street and Number) City of Baltimore No 2992

5. Full Name of Mother, Mary Gray

6. Mother's Maiden Name, Mary Taylor

7. Mother's Birthplace, Delaware

8. Full Name of Father, John Gray

9. Father's Occupation, laborer

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Aloisia Gustava

Address, 1010 Duhan

Remarks, _____

18940001963

Third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period and under the penalties herein provided, and shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

55784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 18 - 1894

4. Place of Birth, (Street and Number) 101 S. Dallas St.

5. Full Name of Mother, Florence F. Jones

6. Mother's Maiden Name, Collins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas W. Jones

9. Father's Occupation, Horse dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who attended this birth, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

18940001964

Word by or each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter, it shall become the duty of the mother, or of such child to report its birth to the Commissioner of Health, in the manner and within the period above required of such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 50786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 18/94

4. Place of Birth, (Street and Number) 2302 Canton Ave.

5. Full Name of Mother, Margaretha Lochner

6. Mother's Maiden Name, J. Steinbocker

7. Mother's Birthplace, Balto.

8. Full Name of Father, Geo. Lochner

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return

Address, Mrs. Steinbocker

Remarks, 2225 Gould St.

8940001966

RETURN OF A BIRTH. 55137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, state whether male or female.

2. Race or color, if not of the white race.

3. Date of Birth.

4. Place of Birth, Street and Number.

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Father's Name.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant.

Address.

Remarks.

6740001967

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *March 17 1894*

4. Place of Birth, (Street and Number) *310 E. Balt. Ave.*

5. Full Name of Mother, *Lillie Dunetta*

6. Mother's Maiden Name, *Dove*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Michael Dunetta*

9. Father's Occupation, *Baltimore*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Mrs. L. Beunster*

Address, *121 S. Euter St.*

Remarks, *6940001968*

THIS CARD IS TO BE FILLED OUT BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, AND IS TO BE KEPT IN HIS OFFICE FOR THE PURPOSE OF BEING PRODUCED IN CASE OF A LITIGATION RELATIVE TO THE BIRTH OF THE CHILD. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3 7 4 5 0 0 1 9 6 9.

RETURN OF A BIRTH. 55198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of child, (last, first, middle) - *John Edgar*
 2. Sex - *Male*
 3. Date of birth, (month, day, year) - *March 17, 1903*
 4. Place of birth, (city, county, State) - *Baltimore, Md.*
 5. Name of mother, (last, first, middle) - *Elizabeth*
 6. Name of father, (last, first, middle) - *John Edgar*
 7. Name of mother, (last, first, middle) - *Elizabeth*
 8. Name of father, (last, first, middle) - *John Edgar*
 9. Name of mother, (last, first, middle) - *Elizabeth*
 10. Name of father, (last, first, middle) - *John Edgar*
 11. Name of mother, (last, first, middle) - *Elizabeth*
 12. Name of father, (last, first, middle) - *John Edgar*
 13. Name of mother, (last, first, middle) - *Elizabeth*
 14. Name of father, (last, first, middle) - *John Edgar*
 15. Name of mother, (last, first, middle) - *Elizabeth*
 16. Name of father, (last, first, middle) - *John Edgar*
 17. Name of mother, (last, first, middle) - *Elizabeth*
 18. Name of father, (last, first, middle) - *John Edgar*
 19. Name of mother, (last, first, middle) - *Elizabeth*
 20. Name of father, (last, first, middle) - *John Edgar*

55198-01970

RETURN OF A BIRTH

1892

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Birth of child (M, F, or A) *M*

Sex of child *M*

Age of mother *24*

Month *March*

Day *10*

Year *1892*

Place of birth *Baltimore*

County *Harford*

State *Maryland*

City *Baltimore*

Name of mother *Mary E. Price*

Name of father *John E. Price*

OF A BIRTH.

3195

Baltimore Board of Health, Baltimore City.

1st Child

W. C.

March 2, 1871

121 Baltimore St.

W. C. Garrison

Carroll Co.

W. C. Garrison

W. C. Garrison

W. C. Garrison

W. C. Garrison

W. C. Garrison

W. C. Garrison

BIRTH 1874

Birth of Health Baltimore City.

1874

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BIRTH

Board of Health, Baltimore City.

1881

City of Health Baltimore City.

[Faint handwritten notes and signatures, possibly including "J. H. ..."]

MONTH - 1877

Health Baltimore City.

Fullerton

Sept 22nd 1877

Dear Sir

I have

received

your

letter

of the 1st

1878

City of Baltimore

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SIXTH 55779

Book of Hours, Baltimore City.

BIRTH.

8-24-94

Board of Health, Baltimore City.

Edward McCubbin

Male

, 1894

McCubbin

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RETURN OF A BIRTH.

55204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Date of Birth (month, day, and year) *Oct 24 1894*

2. Sex (male or female) *Male*

3. Race (color) (if not of the white race) *White*

4. Place of Birth (town and country) *1916 Benson St*

5. Full Name of Father *Waggon Garrison*

6. Mother's Maiden Name *Waggon Rissel*

7. Mother's Occupation *W*

8. Full Name of Mother *Chas. H. Garrison*

9. Father's Occupation *Cloth*

10. Father's Occupation *Alc. R. L.*

11. Name of Medical Attendant (if other person who makes this Return, indicate)

12. Remarks

6740001981

RETURN OF A BIRTH. 55302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her jurisdiction during the month in which the child was born. It shall be filled out by the Registrar of Vital Statistics, or by any other person authorized by him to do so. It shall be filled out by the Registrar of Vital Statistics, or by any other person authorized by him to do so. It shall be filled out by the Registrar of Vital Statistics, or by any other person authorized by him to do so.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female). male

2. Race or Color, (if not of the white race). white

3. Date of Birth. March 21 94

4. Place of Birth, (Street and Number). 4 Harrison Str

5. Full Name of Mother. Fiegl Goldstein

6. Mother's Maiden Name. Europe

7. Mother's Birthplace. Nathan Goldstein

8. Full Name of Father. Europe

9. Father's Occupation. Europe

10. Father's Birthplace. Europe

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address. 122 S. Exeter Str

Remarks.

8940001982

55203

Baltimore City.

9

10-14

White

March 22th 1894.

1826 Madison St.

Ratier Horn

Schwarz

Geometrische

John Horn

Wyprawa
L. 1000

on the Me as

5th President

2051 May 19/18

8 9 4 0 0 0 1 9 8 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 25, 1919 St. Louis, Mo.

4. Place of Birth, (Street and Number) 10819 1st Ave
Lucas, Indiana

5. Full Name of Mother, Helen M. [illegible]

6. Mother's Maiden Name, Leand

7. Mother's Birthplace, John Pinegrass

8. Full Name of Father, John J. Schenck

9. Father's Occupation Europe

10. Father's Birthplace, _____
 11. Medical Attendant, _____ or other person who
 _____ witnessed this Return. *Miss C. Green*

Name of Medical Institution, make this blank 123 S. Exchange

Address, _____

Remarks, 894000 984

~~894000-984~~

RETURN OF A BIRTH. 55205 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar. 24th 1894

4. Place of Birth, (Street and Number) 615 Baker St.

5. Full Name of Mother, Elizabeth Shelley

6. Mother's Maiden Name, Armiger

7. Mother's Birthplace, Anne Arundel Co. Md.

8. Full Name of Father, Harry E. Shelley

9. Father's Occupation, Builder

10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, E. B. Fenby, M. D. or other person who makes this Return.

Address, 1219 N. Caroline St.

Remarks, 8940001985

RETURN OF A BIRTH. 55206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 24 75 94*

4. Place of Birth, (Street and Number) *1605 No. Map St*

5. Full Name of Mother, *Myrtle Eckhardt*

6. Mother's Maiden Name, *" Walton*

7. Mother's Birthplace, *Pa*

8. Full Name of Father, *Fred. Eckhardt,*

9. Father's Occupation, *Book Keeper*

10. Father's Birthplace, *Md.*

Name of Medical Attendant, or other person who makes this Return, *J. Robinson M.D.*

Address, *716 E. Preston St*

Remarks, _____

8940001986

55-207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26 March

4. Place of Birth, (Street and Number) 523 Dallas st

5. Full Name of Mother, Louisa Dassel

8. Mother's Maiden Name, Lorrie Vise Nestner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Dassel

9. Father's Occupation *laborer*

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs. Schuman

Address, 409 South Bond st

Remarks, _____

8 9 4 0 0 0 1 9 8 7

53208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

76 Child
Female.

White

March 26/94

#1004 Harrison Street

Rachel Fisher

1. The first part of the document is a title page. It contains the title "THE HISTORY OF THE UNITED STATES OF AMERICA" and the author "BY JAMES MADISON".

Kussya

Joseph A. ...

Russia

erson who *Mrs.*

#44 C. York Street

.....

Remarks,

8940001988

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) 1/2

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address:

Remarks.

RETURN OF A BIRTH 55-210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fins*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *March 27. 1894*
 4. Place of Birth, (Street and Number) *1108 N. Charles St*
 5. Full Name of Mother, *Julia Rose Williams*
 6. Mother's Maiden Name, *Byford*
 7. Mother's Birthplace, *City*
 8. Full Name of Father, *W. S. G. Williams*
 9. Father's Occupation, *Lawyer*
 10. Father's Birthplace, *City*
 Name of Medical Attendant, *Dr. E. Mosley*
 Address *612 N. Howard St*
 Remarks

RETURN OF A JURY

In the case of *People v. [illegible]*

[illegible]

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RECEIVED FOR A BIRTH

THE NEW YORK PUBLIC LIBRARY

ASTOR LENOX TILDEN FOUNDATION

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RECEIVED FOR A BIRTH

THE NEW YORK PUBLIC LIBRARY

ASTOR LENOX TILDEN FOUNDATION

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Sex, (state whether male or female)*
2. *Race or Color, if not of the white race*
3. *Date of Birth.*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother.*
6. *Mother's Maiden Name.*
7. *Mother's Birthplace.*
8. *Full Name of Father.*
9. *Father's Occupation.*
10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 1 9 9 7

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30th 1907
4. Place of Birth, (Street and Number) 112 23 30th Avenue
5. Full Name of Mother, Ellen Butler
6. Mother's Maiden Name, Langston
7. Mother's Birthplace, Boston
8. Full Name of Father, Charles Butler
9. Father's Occupation, Business
10. Father's Birthplace, Boston
- Name of Medical Attendant, Dr. J. H. Smith
or other person who makes this Return.
- Address, 112 23 30th Avenue, Apt. 2
- Remarks, _____

Name of Medical Attendant, or other person who makes this Return.

Address, 641 1/2 1901 Co. 2nd Infantry 2nd Regt.

Remarks.

RETURN OF A BIRTH. 55219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth, 23 February

4. *Place of Birth, (Street and Number)*.....

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. Mother's Birthplace, Massachusetts

8. Full Name of Father,

9. *Father's Occupation*.....
Birthplace.....

10. *Father's Birthplace,* _____
Medical Attendant, _____ or other person makes this _____

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

[illegible]

RETURN OF A BIRTH. 15326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, *Bureau of Health, Baltimore City*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March*

4. Place of Birth, (Street and Number) *2104 McCall St.*

5. Full Name of Mother, *Varina Wilson*

6. Mother's Maiden Name, *Varina Wilson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wm. Wilson*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Baltimore*

Signature of Medical Attendant, *Joseph Blum*

Signature of Registrar, *Wm. Wilson*